Performance Audit of
Homeless Services in San Francisco

Prepared for the

Board of Supervisors
of the City and County of San Francisco

by the

San Francisco Budget and Legislative Analyst

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Executive Summary

According to recent polls, the majority of San Francisco residents cite homelessness as their number 1 concern. As public concern grows over homelessness, and the size of the population remains the same, the City must take immediate steps to address the urgency of the situation. These steps include assessing needs, improving service coordination, and developing a citywide policy to guide programmatic and budgetary decisions. Although homelessness is a social problem that far extends the borders of San Francisco, the City has an opportunity with the creation of the new Department of Homelessness and Supportive Housing to improve the effectiveness of existing programs and adopt innovative solutions.

I. Needs Assessment

The City does not conduct formal needs assessments and service gap analyses to understand the scope of homeless service needs within the City. These analyses would help prioritize programs and services according to highest need, and estimate the gap between the number of homeless individuals currently receiving services and those who could benefit from additional services. Assessing need is currently done informally on an ad-hoc and reactionary basis, rather than as a result of an analysis of the City's projected need, current assets and potential service gaps. With needs assessments, the City could more effectively target public dollars to assist homeless individuals most in need or fill in identified service gaps.

Recommendation: The Director of the Department of Homelessness and Supportive Housing should lead the City's efforts to update its 2004 10-Year Plan to Abolish Homelessness, which expired in 2014.

Recommendation: The Department of Homelessness and Supportive Housing Director should mandate and regularly conduct a formal and replicable citywide comprehensive needs assessment for homeless services, including a service gap analysis.

Recommendation: The Department of Homelessness and Supportive Housing Director should ensure that staff and programs use all available data across departments to understand service utilization by homeless individuals.

II. Data Centralization

The Department of Public Health (DPH) and Human Services Agency (HSA) have multiple de-centralized data systems for service tracking and reporting. HSA plans to implement a new Homeless Management Information System (HMIS) to meet the requirements of Coordinated Entry, which is a system of care mandated by the federal Department of Housing and Urban Development (HUD). However, the Request for Proposals for the new HMIS does not have the necessary level of technical detail for software vendors to scope out a product to meet data integration and service prioritization needs.

DPH's Coordinated Care Management System (CCMS) is able to integrate DPH service data with emergency shelter and other data from HMIS and other City systems. CCMS also has more data analytic potential than is currently used by DPH staff. The new Department of Homelessness and Supportive Housing will need to determine how best to integrate the HMIS and CCMS information for reporting and analysis purposes, including ensuring staffing resources.

The City plans to phase in Coordinated Entry for both federally- and locally-funded homeless programs, using the length of homelessness as the only prioritization criteria for placement into permanent supportive housing (for non-veterans). However, permanent supportive housing, the most expensive housing placement, is not necessarily the appropriate place for every homeless individual. Therefore, the City needs to use a robust Coordinated Entry process that assesses homeless clients based on their psychosocial needs in order to improve the effectiveness of allocating scarce permanent supportive housing versus other forms of assistance.

Recommendation: The Department of Homelessness and Supportive Housing Director should incorporate the recommendations of recent data consultants (UC Berkeley and Focus Strategies) in to the contract with the selected HMIS provider, in order to provide more detailed specifications for database integration, Coordinated Entry, and analytical capabilities of the new HMIS.

Recommendation: The DPH Executive Director should direct staff to conduct a staffing analysis for the CCMS team and identify existing hiring capacity from salary savings and long-term vacancies within the department.

Recommendation: The San Francisco Continuum of Care should re-evaluate the consideration of severity of service need for determining prioritization for supportive housing placement under Coordinated Entry, given the availability of relevant existing client information.

III. Outreach and Access

The City currently spends $37,694,624 per year on homeless outreach and responses to incidents involving the homeless, but the majority of spending is on SFPD responses to calls from City residents, in compliance with existing quality of life laws. These calls rarely result in citations or arrests, and police officers are unable to provide referrals for homeless services when responding. In 2015, law enforcement was dispatched for 57,249 incidents initiated by calls from the public about homeless-related quality of life law violations. According to data from the Department of Emergency Management, only 4,711 incidents (8 percent) resulted in citations and 125 incidents (0.2 percent) resulted in arrests.

Because the City has additional capacity to provide outreach to the homeless population, particularly through the HOT Team, the new Department of Homeless and Supportive Housing should evaluate options for changing policy to prioritize response to homeless-related calls by the HOT Team rather than SFPD.

Recommendation: The Department of Homelessness and Supportive Housing Director should review the effectiveness of the current response and outreach model, and consider the appropriateness of recommending amendments to quality of life laws in an effort to prioritize response to homeless-related calls by the HOT Team rather than SFPD.

IV. Emergency and Transitional Shelters

The **c**urrent demand for subsidized permanent supportive housing units within the City far exceeds availability. In the interim, individuals rely on emergency or transitional shelter until they are able to access permanent housing.

Currently, the City's shelter system does not have sufficient capacity to provide shelter beds for all individuals who request them, leaving a number of homeless individuals unsheltered.

To address recent emergency shelter needs, particularly related to weather conditions and public health concerns, the City has allocated $8,643,147 to establish new temporary shelters, including the two Navigation Centers and the Pier 80 shelter.

However, this expansion of shelter beds conflicts with the City's most recent, though outdated, policy. In its 2004 10-Year Plan to Abolish Chronic Homelessness ("10-Year Plan"), the City adopted a Housing First policy which emphasizes the immediate placement of individuals in permanent supportive housing, and the phasing out of emergency shelter and transitional housing programs within the City.

Recommendation**:** The Department of Homelessness and Supportive Housing Director should identify why variation in vacancy rates exists among shelters, and identify strategies to increase occupancy at shelters with vacancies, given the high demand for emergency shelter.

Recommendation**:** The Department of Homelessness and Supportive Housing Director, in collaboration with 311, should develop additional reports in CHANGES, including those specifically discussed in this section, to further understand who is on the CHANGES waitlist and the details about their shelter and financial needs.

Recommendation: The Department of Homelessness and Supportive Housing Director should consider developing a shelter diversion program, including a screening assessment tool, and evaluate all individuals and families requesting an emergency shelter reservation for alternative programs and services.

V. Housing Placements

There is a very limited number of housing placement options currently available for the homeless population. Some housing placements require that clients meet certain eligibility thresholds; others are suitable to particular populations more than others. Currently, placements are made unsystematically and not necessarily according to an assessment of the highest level of vulnerability. As a result, the City is not optimizing existing placement options and risks wasting very limited resources. In addition, the current menu of housing placement options is heavily focused on permanent supportive housing. While this is an appropriate placement for many of the City's homeless, there are some homeless (particularly the younger population and newly homeless) that might be better served by alternatives such as Rapid Rehousing and rental assistance.

Recommendation: The Department of Homelessness and Supportive Housing Director should work with the Department of Public Health to develop a system for assessing client vulnerability in order to place homeless clients in housing exits more systematically.

Recommendation: The Department of Homelessness and Supportive Housing Director should work with the Mayor's Office to identify funds to expand the existing rental subsidy and Rapid Re-Housing programs in order to serve more clients, particularly single adults.

Introduction

The Board of Supervisors directed the Budget and Legislative Analyst's Office to conduct a performance audit of homeless services in San Francisco through a motion (M15-180) passed on December 8, 2015.

Scope

The scope of this performance audit includes: (1) an inventory of all homeless services with provider level specificity; (2) a review of homeless population data and needs assessments; (3) an evaluation of the contracting procedures for homeless services, including how contracted services meet assessed needs and are monitored for quality performance, with a particular focus on services targeting the homeless population with behavioral health needs; (4) an assessment of the existing service mix and funds to support the homeless; and (5) a best practices survey to identify opportunities to implement other successful strategies related to homeless services.

Methodology

The performance audit was conducted in accordance with Generally Accepted Government Auditing Standards (GAGAS), 2011 Revision, issued by the Comptroller General of the United States, U.S. Government Accountability Office. In accordance with these requirements and standard performance audit practices, we performed the following performance audit procedures:

- Conducted interviews with executive, management and other staff at the Human Services Agency (HSA), the Department of Public Health (DPH), the Mayor's Office of HOPE, the Mayor's Office of Housing and Community Development, and the San Francisco Police Department.
- Reviewed planning documents and other reports and studies regarding homeless services, including the 10 Year Plan to Abolish Chronic Homelessness, the Consolidated Plan, the Housing Element, , and various reports and audits from the San Francisco Controller's Office.
- Reviewed policies, procedures, memoranda, and other guidelines governing homeless services programs, allocations, and contracting.
- Conducted reviews of (a) HSA contract files; (b) DPH contract files; (c) Local Homeless Coordinating Board meeting agendas and minutes; (d) Shelter Monitoring Committee meeting agendas and minutes; (e) policies and procedures; (f) financial reports; and (g) other data pertinent to the audit objectives.
- Conducted an extensive literature review to identify best practices in homeless services and program delivery.

- Submitted a draft report, with findings and recommendations, to HSA and DPH on May 19, 2016; and conducted an exit conference with DPH on May 24, 2016 and HSA on May 26, 2016.
- Submitted the final draft report, incorporating comments and information provided in the exit conference, to DPH and HSA on May 31, 2016.

Definition of Homelessness

As noted in guidance for the biennial Point-in-Time counts, the US Housing and Urban Development Department (HUD) defines homelessness to include individuals and families:

- Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement; or
- With a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

San Francisco expands HUD's definition to include individuals who are "doubled-up" in the homes of family or friends, staying in jails, hospitals, and rehabilitation facilities, families living in Single Room Occupancy (SRO) units, and in substandard or inadequate living conditions including overcrowded spaces.

A "chronically homeless" individual is defined by HUD as "someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years and has a disability."

San Francisco's Policies to Address the Homeless Crisis

The two policies that have largely defined the City's homeless policy were launched in 2004: (1) the San Francisco Plan to Abolish Chronic Homelessness (commonly called "The Ten-Year Plan"), which formalized the City's shift to a "Housing First" model, and (2) Care Not Cash, which was a policy to reduce the monthly cash benefit received by homeless County Adult Assistance Program (CAAP) clients and provide housing, utilities, and meals in-lieu of the deducted portion of the cash benefit.

The San Francisco Plan to Abolish Chronic Homelessness (Ten-Year Plan)

Mayor Gavin Newsom convened a Ten-Year Planning Council in 2004 tasked with writing a plan to end chronic homelessness in ten years. At the time, over 100

local jurisdictions nationwide had written or were in the process of writing similar ten year plans to position their jurisdiction to compete for federal funding for homeless services.

In addition to recommending the creation of 3,000 new units of permanent supportive housing, the Ten-Year Plan formalized a shift already underway in the City towards a "Housing First" model. The "Housing First" model favors placing homeless persons in permanent supportive housing as quickly as possible, rather than trying to stabilize them in shelters and transitional housing before moving them to permanent housing. This latter model is often referred to as a "Continuum of Care" model.

The premise of "Housing First" is that the primary need of homeless persons is to obtain stable housing, and that interventions aimed at treating the conditions that caused their homelessness are much more likely to succeed if the individual or family has obtained permanent housing, rather than if they are unsheltered or in transitional settings. Therefore, the "Housing First" model also advocates less reliance on transitional housing. Both the Ten-Year Plan and the Five-Year Strategic Plan of the Local Homeless Coordinating Board, which was issued in 2008 and adopted by the Board of Supervisors as the City's official homeless policy document, recommend transitional housing only for persons who have an identified need for transitional housing and who are not chronically homeless. Both Plans call for most of the City's transitional housing programs to be phased out, except those programs offering specific treatment suited to a transitional environment.

Care Not Cash

In response to Proposition N, approved by the voters in November 2002, the Department of Human Services (now a division of the Human Services Agency) began implementation of the Care Not Cash program in May 2004. The program, still in effect today, requires a significant reduction of the monthly cash benefit received by homeless CAAP clients and provides housing, utilities, and meals in-lieu of the deducted portion of the cash benefit. The goal of the program is to place Care Not Cash clients in permanent supportive housing that is funded in part by savings from the reduced monthly cash benefits. Once Care Not Cash clients move into Care Not Cash permanent supportive housing, they begin receiving the full monthly cash benefit received by non-homeless CAAP clients, although the program requires that a significant portion of the benefit be used to pay rent for the client's Care Not Cash housing unit.

Administration of Homeless Services

Homeless services are administered in San Francisco by multiple departments. The agency with primary responsibility for the majority of homeless programs is the **Human Services Agency** (HSA). These programs include the shelter system, Homeward Bound, rental subsidies, resource centers and drop-ins, and the supportive housing Master Lease units and services.

The **Department of Public Health** (DPH) also provides significant funding and oversight over programs for the homeless, particularly in Housing and Urban Health and Behavioral Health services. Other services include affordable housing development (provided by the Mayor's Office of Housing and DPH), law enforcement (provided by SFPD), and street cleaning (provided by the Department of Public Works).

In December 2015, Mayor Ed Lee announced plans to create a new city department to coordinate all homeless services under a single agency. Specific plans for the organization and composition of that department had not been finalized by the completion of fieldwork for this audit.

The **Local Homeless Coordinating Board** was formed in 1996 to coordinate the City's homeless policy and oversee services provided to the homeless and to ensure a unified homeless strategy that is supported by the Board of Supervisors, Mayor, City departments, nonprofit agencies, the currently homeless, the formerly homeless and the community at large. The Local Homeless Coordinating Board also acts as the City's lead entity for the Continuum of Care, which coordinates the City's application for HUD McKinney-Vento Homeless Assistance Grants (a major source of funding for permanent supportive housing).

Summary of Homeless Services and Spending

Based on a comprehensive review of the City's homeless policies and services, and as reported in a prior report from our office, we identified eight broad categories of homeless services provided by the City, listed and briefly defined below:

1. **Permanent Supportive Housing**: deeply subsidized housing, combined with onsite supportive services. Once homeless persons are housed in permanent supportive housing, they are no longer considered homeless although they tend to require the continued provision of permanent supportive housing to maintain a stable housing situation.

2. **Transitional Housing**: temporary housing usually provided for up to two years designed to help homeless persons stabilize before moving into permanent housing. Persons staying in transitional housing are still considered homeless, but sheltered.

3. **Emergency Shelters**: large, generally communal, living spaces providing shelter, food and supportive services. Persons staying in Emergency Shelters are considered homeless, but sheltered.

4. **Resource and Drop-in Centers and Drop-in Clinics**: places where homeless persons go to make reservations for Emergency Shelter beds in San Francisco and to receive basic medical treatment and referrals to other services.

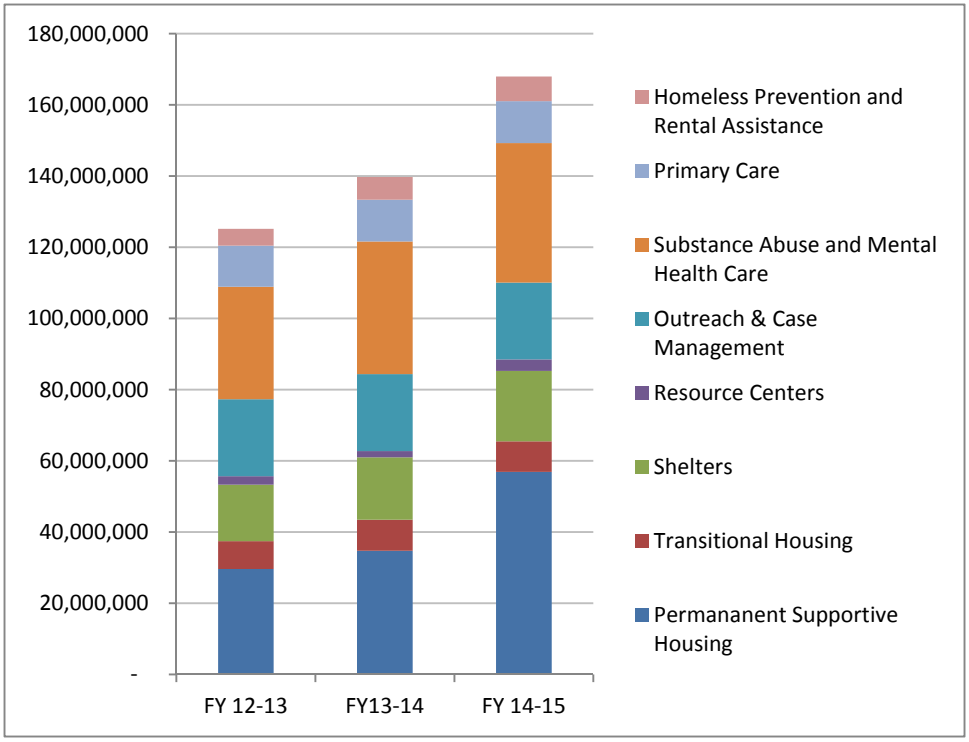
5. **Outreach and Case Management**: services designed to engage homeless persons in the service system, referring them to substance abuse, mental health, primary care and other services, and permanent housing opportunities.

6. **Substance Abuse and Mental Health**: services designed to treat persons suffering from substance abuse and mental health issues, which are common disabling conditions that cause people to become homeless.

7. **Primary Care**: health care, typically the principle point of consultation in the health care system, providing basic treatment and referring patients to specialists, if needed.

8. **Homeless Prevention and Rental Assistance**: services designed to prevent persons at risk of becoming homeless from being evicted and to help persons just entering homelessness secure permanent housing immediately. Such services include short-term rental assistance, one-time payments for move-in costs, and legal services to help tenants avoid eviction.

Exhibit 1: Actual Expenditures by Program, FY 2012-13 to FY 2014-15



Sources: HSA and DPH

Demographic Trends – San Francisco Homeless Population

There are several ways the homeless population is currently tracked throughout the City including the following:

- Biennial point-in-time (PIT) homeless count and survey
- Homeless clients who use DPH services tracked through the Coordinated Care Management System (CCMS)
- SF HOT Team outreach efforts
- Emergency shelter reservation requests in CHANGES, managed by the 311 Customer Service Center and HSA

Biennial Homeless Count

The biennial homeless point-in-time count is the official enumeration of the homeless population for the City of San Francisco. It is mandated by the HUD for all jurisdictions across the country receiving homeless assistance funding. The PIT count includes a visual street count of unsheltered homeless, and detailed count for those sheltered with temporary housing. The count additionally includes an in-depth follow-up survey with a sample of homeless individuals.

San Francisco conducts a separate count of homeless youth and transitional age youth (TAY), defined as young adults ages 18 to 24, to understand the unique needs of that population. The youth count is conducted by homeless youth peers, and only in areas where homeless youth tend to stay, rather than City-wide like the general count. This count is done in conjunction with the general count to avoid duplication.

A summary of the last four PIT counts, inclusive of the youth count, is shown in Table 1 below.

Table 1: Summary of Point-in-Time Counts, 2009-2015

Location	2009	2011	2013	2015
Street	2,709	3,106	4,315	4,358
Emergency Shelter	1,516	1,479	1,626	1,599
Transitional Housing	964	796	720	420
Treatment Centers	293	241	93	499
Resource Centers	233	145	112	210
Stabilization Rooms	307	202	235	188
Jails	394	317	126	242
Hospitals	98	169	123	23
Total	**6,514**	**6,455**	**7,350**	**7,539**

Source: SF Homeless PIT Counts, 2009-2015

DPH Homeless Clients

While the PIT count is the official enumeration of the homeless population, DPH also tracks the number of clients they serve identified as homeless in their CCMS system, as shown in Table 2 below.

Table 2: Comparative Homeless Count – DPH and Point-in-Time Count*

Homeless Count	FY 2012-13	FY 2014-15
DPH Count of Homeless Clients	10,141	9,975
PIT Count of Homeless	7,350	7,539
General Count	*6,436*	*6,686*
Youth Count	*914*	*853*
Difference between DPH & PIT Count	(2,791)	(2,436)
% Difference between DPH & PIT Count	38%	32%

Sources: DPH, 2013 and 2015 SF Homeless PIT Counts

*FY 13-14 is excluded because the PIT count is only conducted every two years.

In FY 2014-15, the total unduplicated number of DPH homeless clients was 9,975, which is 32 percent higher than the 2015 PIT count of 7,539. According to DPH, the difference in population count likely comes from the longer span of time (12 months) covered by DPH's data, as compared to a one-night PIT count.

SF HOT Team Encounters

The SF Homeless Outreach Team (SF HOT Team) conducts targeted outreach to homeless individuals, during which they collect a variety of demographic data. Currently, they focus on the chronically homeless, who have been homeless for five or more years, and individuals living homeless encampments. Therefore, the data collected about their encounters should not be considered representative of the entire homeless population. The SF HOT Team encounters discussed in this section are all from March 2016 outreach efforts.

Homeless Adults in Emergency Shelters

Limited data is available regarding homeless individuals in the single adult emergency shelter system based on the CHANGES shelter reservation system, and is discussed in Section 4 of this report.

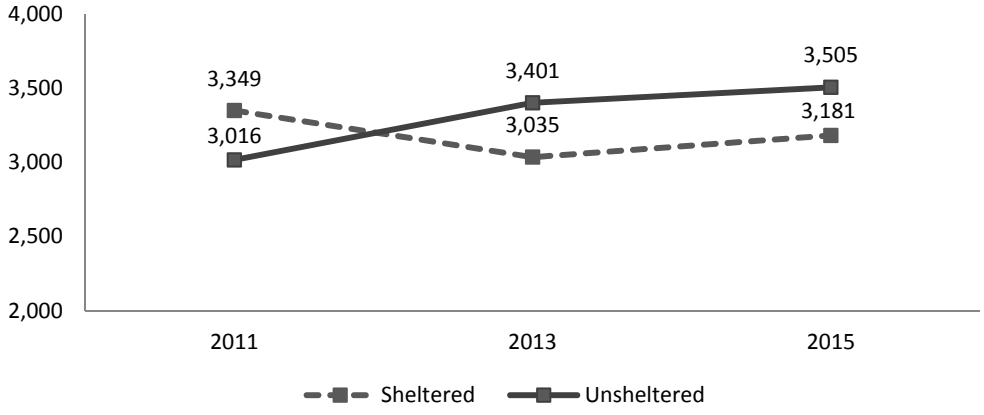
Homeless Population Trends

According to the 2015 general PIT count, the total homeless population, including the dedicated youth count rose 21 percent since 2005, from 6,248 in 2005 to 7,539 in 2015. Over this same period of time, the population of San Francisco grew at a similar rate of 20 percent, from 719,077 in 2005 to 864,816 in 2015. The City's homeless population is currently 0.87 percent of the total population, which is the same as it was in 2005.

Sheltered Vs. Unsheltered Homeless Population

The PIT count began separating sheltered and unsheltered individuals for the first time in 2011. Since that time, the unsheltered count increased 16 percent, from 3,016 to 3,505, whereas the sheltered homeless count decreased five percent, from 3,349 to 3,181, suggesting that more homeless individuals are unsheltered today than they were five years ago, as shown in Exhibit 2 below.

Exhibit 2: Sheltered & Unsheltered Count (2011-2015)



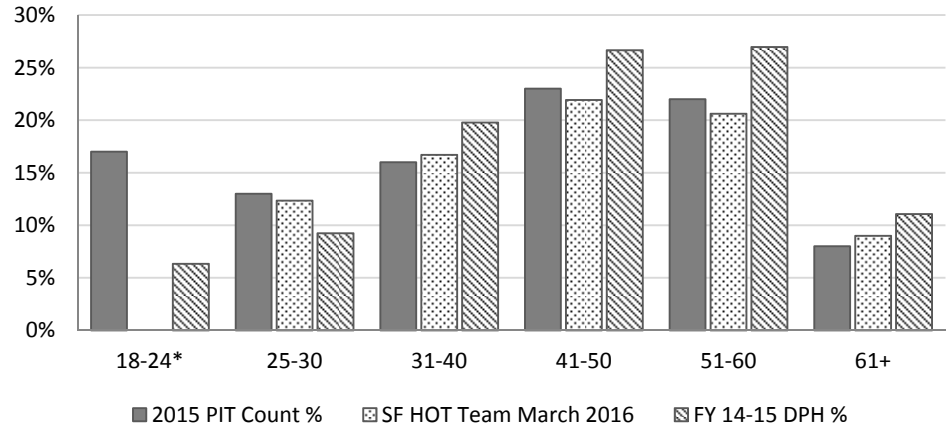
Source: 2015 SF Homeless PIT Count

Demographics of Homeless Population

Aging Homeless Population

The age categories measured by the PIT count, SF HOT Team outreach encounters and DPH homeless clients are similar. The most homeless individuals are included in age categories 41-50 and 51-60, as shown in Exhibit 3 below. The PIT count and SF HOT Team identified more individuals in the 18-24 and 25-30 age categories than DPH. DPH additionally reports larger percentages of their homeless clients in the higher age categories, which could be due to increased health needs of an older population who use DPH's services.

Exhibit 3: Age of Homeless Population

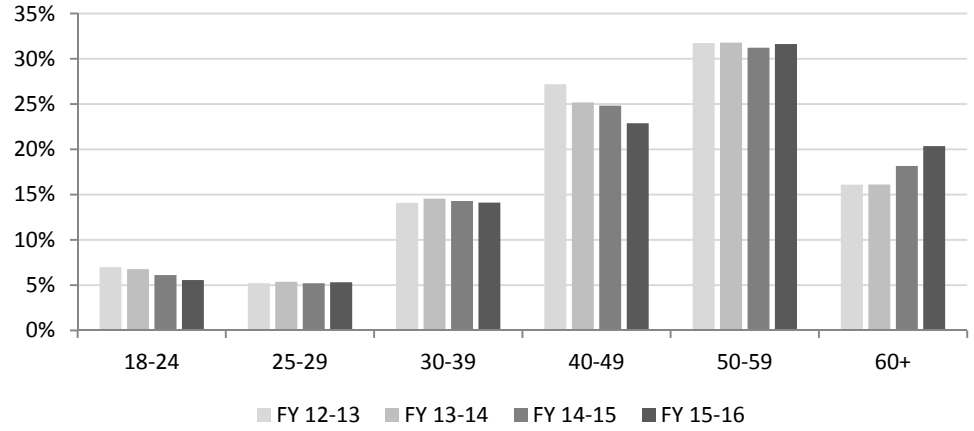


*SF HOT Team data for those age 20-29 included in the 25-30 cohort.
Sources: 2015 SF Homeless PIT Count, DPH

These results suggest the visible homeless population as surveyed by the PIT count, is getting older, and as a result, may have changing service needs.

Within the emergency shelter system, the largest age cohort since FY 2012-13 has consistently been individuals between age 50 and 59. Homeless individuals between the ages of 40 and 49 decreased over this time period, while the cohort of homeless individuals age 60 and over increased, as shown in Exhibit 4 below.

Exhibit 4: Age Distribution of Homeless in Single Adult Emergency Shelters, FY 2012-13 to FY 2015-16 (Feb 2016)

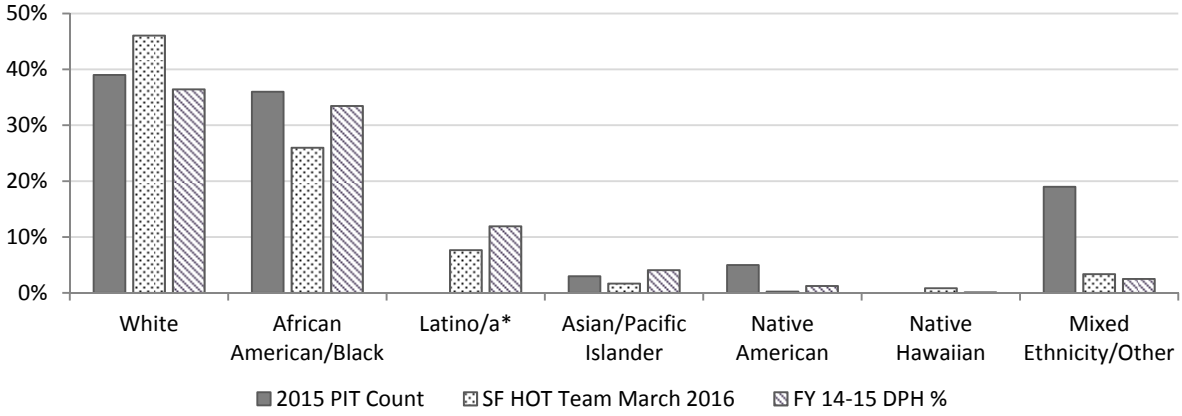


Source: HSA

Race/Ethnicity of Homeless Population

According to the PIT count which relies on survey volunteers categorizing the race/ethnicity of the individual they observe, most homeless individuals were white (39 percent) or black/African American (36 percent). DPH homeless clients are similar, with 36 percent identifying as white, and 33 percent as black/African American. The SF HOT Team reached out to a higher proportion of white individuals (46 percent) and a lower proportion of black/African American (26 percent) individuals, as shown in Exhibit 5 below.

Exhibit 5: Race/Ethnicity of Homeless Individuals, FY 2014-15



*The 2015 PIT Count did not include Hispanic/Latino as a race/ethnicity option.
Sources: 2015 SF Homeless PIT Count, DPH

Across all three surveys, a much higher proportion of homeless individuals identified as black or African-American (36, 26, and 33 percent of the PIT count, SF

HOT Team encounters, and DPH clients, respectively) as compared to their overall population within the city (5.8 percent).[1]

Health Conditions of the Homeless Population

According to the 2015 PIT survey, the most common health condition reported by the homeless population was drug or alcohol abuse (37 percent), followed by psychiatric or emotional conditions (35 percent), not including the 27 percent who reported Post Traumatic Stress Disorder (PTSD). In addition, 28 percent had a physical disability, and 27 percent reported chronic health problems. The prevalence of health conditions is exacerbated for the chronically homeless across all conditions, as shown in Table 3 below.

Table 3: Point-in-Time Survey Health Conditions, 2015

Health Condition	All Homeless	Chronically Homeless
Drug or Alcohol Abuse	37%	62%
Psychiatric of Emotional Conditions	35%	55%
Physical Disability	28%	43%
Post-Traumatic Stress Disorder (PTSD)	27%	35%
Chronic Health Problems	27%	43%
Traumatic Brain Injury	10%	14%
AIDS/HIV-Related	7%	9%

Source: 2015 SF Homeless PIT Count

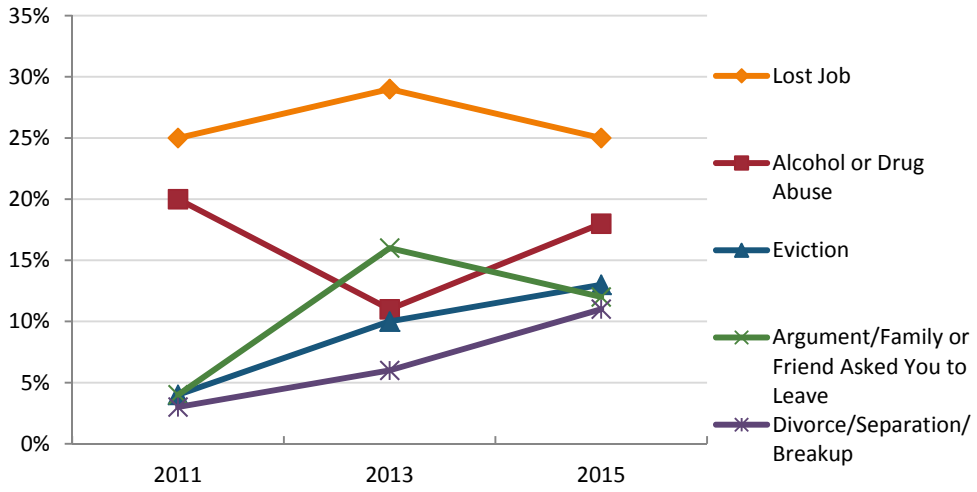
Reasons for Homelessness

Individuals experience multiple and compounding reasons for becoming homeless. The most commonly cited reason for homelessness in the last three homeless PIT surveys is job loss (25 percent in 2015).

The number of people citing evictions has increased 9 percentage points over the past three surveys, from 4 percent in 2011 to 13 percent in 2015. Divorce/separation/breakup follows a similar increasing trend.

[1] U.S. Census 2010-2014 5-Year Estimates

Exhibit 6: Primary Cause of Homelessness (Top Five Responses in 2015)

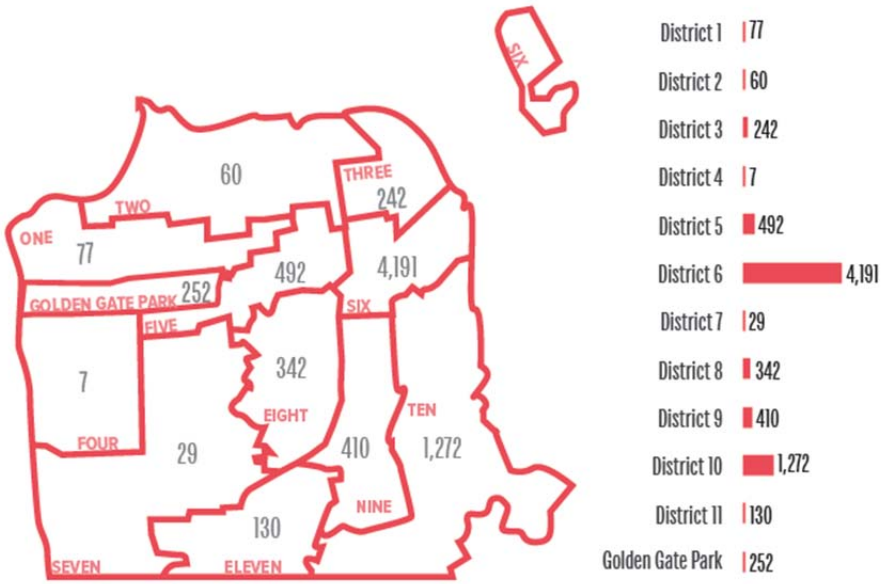


Source: 2015 Homeless Count Survey

Geographic Distribution of the Homeless Population

According to the 2015 PIT count, the homeless population disproportionately impacts District 6. District 6 has the largest unsheltered and sheltered population at 4,191 individuals, or 57 percent of the City's homeless population. District 10 has the next highest population at 1,272 individuals (19 percent).

Exhibit 7: Unsheltered and Sheltered General Count Results by Supervisor District, 2015



Source: Applied Survey Research. (2015). San Francisco Homeless Count. Watsonville, CA.

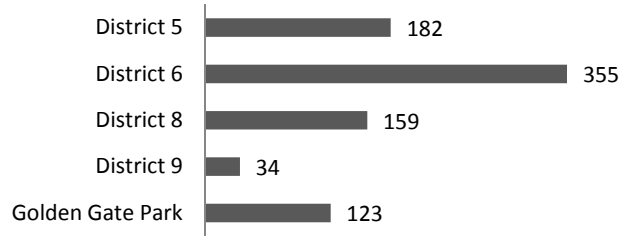
Note: This table excludes scattered site and confidential location shelter data.

Note: Golden Gate Park is in Districts 1 and 5.

Source: 2015 SF Homeless PIT Count

The youth count only counted homeless youth in certain areas including Districts 5, 6, 8, and 9, and Golden Gate Park. The highest number of homeless youth was counted in District 6, the same as the general homeless population count. The results are shown in Exhibit 8 below.

Exhibit 8: Unsheltered and Sheltered Youth Count by Supervisor District, 2015

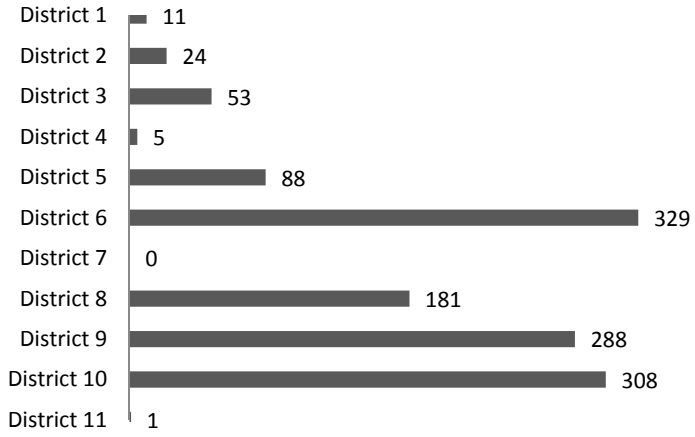


Source: 2015 SF Homeless PIT Count

The SF HOT Team currently targets the chronically homeless and homeless encampments to connect them with City services. According to the data for March 2016 outreach encounters, the highest concentrations of encampments were

located in Districts 6, 10, and 9, similar to the geographic distribution of the 2015 PIT general count.

Exhibit 9: SF HOT Team Outreach Encounters by Supervisor District, March 2016



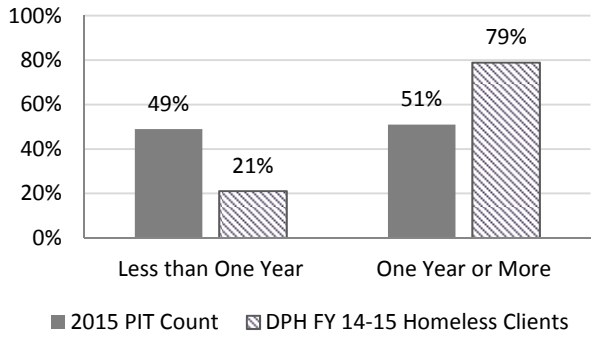
Source: DPH

Length of Homelessness

HUD defines the chronically homeless as individuals who experience homelessness for one year or longer, or experience at least four episodes of homelessness in the last three years, and also have a condition that prevents them from maintaining work or housing. Twenty-five percent of the 2015 PIT survey respondents identified as chronically homeless in 2015, down from 31 percent in 2013.

Exhibit 10 below shows the length of homelessness for the PIT count and DPH homeless clients; however it does not detail the number of homeless episodes. Forty-nine percent of the 2015 PIT count survey respondents had been homeless for less than one year. This is much higher than DPH's homeless clients, of which 21 percent had been homeless for less than one year. Of DPH clients who have been homeless for one year or more, 33 percent had been homeless for over ten years.

Exhibit 10: Length of Homelessness



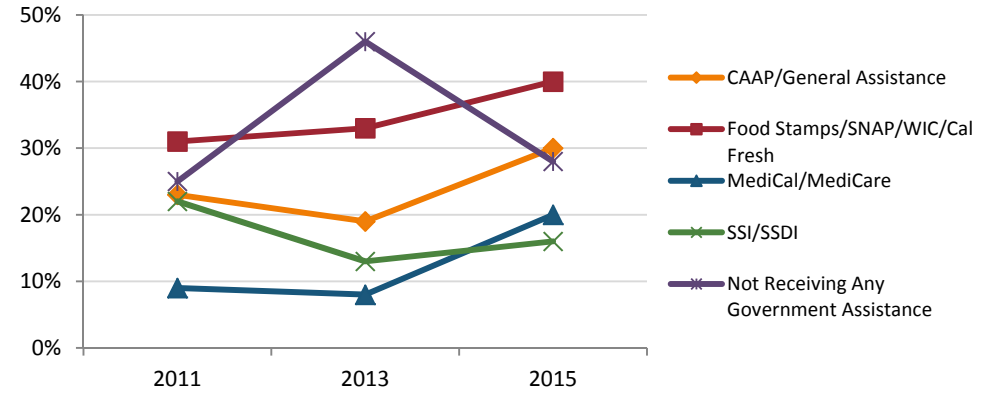
Source: 2015 SF Homeless PIT Count, DPH

Connection to Government Benefits

Homeless individuals can apply for a variety of benefits including County Adult Assistance (CAAP), Food Stamps, MediCal or Medicare and Supplemental Security Income (SSI)/Supplemental Security Disability Insurance (SSDI). The City tries to ensure clients are connected to these benefits in order to leverage all resources possible for an individual.

As shown in Exhibit 11 below, the highest percentage of homeless individuals are connected to Food Stamps (40 percent) and CAAP (30 percent) followed by MediCal or Medicare (20 percent) and SSI/SSDI (16 percent). The percentage of homeless individuals connected to all of these benefits increased between 2013 and 2015. The proportion of individuals not receiving any assistance decreased between 2013 and 2015, from 46 percent to 28 percent, respectively.

Exhibit 11: All Homeless Population Connection to Government Benefits



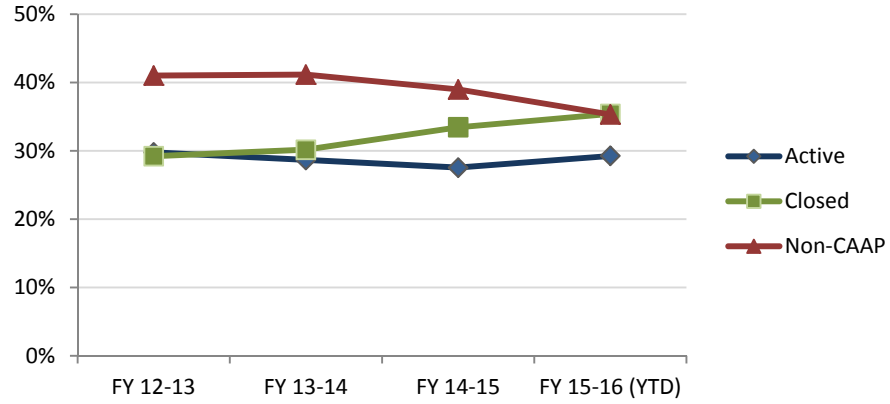
Source: 2015 SF Homeless PIT Count

In 2015, 20 percent of chronically homeless individuals, as defined above, reported they were not receiving any form of government assistance, down from

38 percent in 2013, suggesting that the City's targeted outreach and services to the chronically homeless population have been effective in connecting chronically homeless individuals to services.

The percentage of adults within the single adult emergency shelter system with an active or closed CAAP status has increased since FY 2014-15, whereas the percentage of non-CAAP clients has decreased over this time. These trends suggest the City is successfully connecting individuals within the shelter system to CAAP benefits.

Exhibit 12: Single Adult Emergency Shelter Users Receiving CAAP Benefits



Source: HSA

Inventory and Distribution of Services for the Homeless

As summarized in Table 1 above, the City provides an array of services to address the needs of the homeless population. These programs are broken down in more detail in the table below, which also shows program budgets (as opposed to actual expenditures) for the past three fiscal years.

Table 4: Annual Homeless Program Budgets, FY 2012-13 to FY 2014-15

All Homeless Programs	FY 12-13	FY 13-14	FY 14-15	% Change
City Funded Programs				
Family Rental Subsidies	$3,055,672	$2,717,611	$3,270,065	7%
Homeless Prevention/ Rental Assistance	3,859,623	3,987,679	3,857,066	0%
Outreach and Case Management	20,676,612	21,062,957	23,819,838	15%
Homeward Bound	195,000	195,000	195,000	0%
PSH (HSA LOSP-funded)	3,128,241	3,605,127	4,137,457	32%
PSH (HSA SRO Master Lease)	17,848,147	22,087,876	23,321,866	31%
PSH (DPH - DAH)	21,154,942	22,405,110	23,426,608	11%
Primary Care	12,497,173	10,497,934	11,547,671	-8%
Single Adult Shelters	11,792,964	13,488,949	15,369,317	30%
SSI Disability Legal Advocacy	1,881,598	1,897,811	1,792,729	-5%
Substance Abuse and Mental Health	39,155,084	44,554,981	53,856,348	38%
Transitional Age Youth (18-24)	777,096	1,764,402	2,344,867	202%
Transitional Housing	7,512,331	8,736,014	9,830,712	31%
Family Shelters and Intake	4,277,774	4,770,429	5,076,271	19%
Resource Centers	2,519,671	2,960,607	3,260,952	29%
SRO Master Lease Support Services	972,456	987,912	1,002,729	3%
Total City Funded Programs	$151,304,384	$165,720,399	$186,109,496	23%
HUD Funded Programs				
Permanent Supportive Housing	11,172,852	12,163,941	13,153,121	18%
Total Programs	**$162,477,236**	**$177,884,340**	**$199,262,617**	**23%**

Source: DPH, HSA

Sources: HSA and DPH

The City contracts out for the majority of these services to community-based organizations. The table on the next page shows how these annual budgets have been allocated across those different providers over the same time period.

Table 5: Nonprofit Providers, FY 2012-13 to FY 2014-15

Provider Name	FY 12-13	FY 13-14	FY 14-15
Addiction Research and Treatment Services	$4,749,448	$4,824,946	$6,738,876
BAART Behavioral Health Services	192,097	193,118	3,909,626
Baker Places	8,819,334	9,065,476	9,162,688
Bayview Hunter's Point Foundation	99,872	730,557	756,499
Bernal Heights Neighborhood Center	230,772	227,774	245,430
Catholic Charities	4,424,150	4,397,834	4,706,834
Community Awareness & Treatment Services (CATS)	3,263,009	3,484,896	3,619,447
Center on Juvenile & Criminal Justice	993,299	296,094	218,315
Chinatown Community Development Center	239,337	471,347	584,787
Community Housing Partnership	2,148,595	3,522,021	3,507,765
Compass Family Services	3,194,048	3,489,939	3,652,419
Conard House	3,637,028	3,680,473	3,733,890
Curry Senior Center	364,803	551,146	776,060
Dolores Street Community Services	888,576	1,363,347	1,889,633
DPH	33,744,549	33,372,863	37,104,337
Episcopal Community Services	12,922,503	14,527,667	14,717,999
Eviction Defense Collaborative	2,005,973	2,011,021	1,844,040
First Place for Youth	0	0	160,810
Friendship House Association of American Indians	405,116	411,555	0
GLIDE	490,438	477,637	531,360
Hamilton Family Center	4,477,363	3,745,863	4,337,493
Homeless Children's Network	562,307	878,448	955,088
Homeless Prenatal Programs	1,017,064	1,094,612	1,106,938
Hospitality House	406,258	426,939	433,343
HealthRight 360	7,624,284	10,387,131	10,270,373
Huckleberry Youth Programs	823,553	878,757	911,026
Hyde Street Community Services	3,434,665	2,883,567	3,836,145
Larkin Street Youth Services	3,017,814	3,388,605	4,100,244
Latino Commission	643,172	380,244	1,049,145
Lutheran Social Services	248,309	302,256	256,040
Mary Elizabeth Inn	829,089	1,344,654	1,387,146
Mission Housing Development Corporation	261,112	315,220	509,042
Mission Neighborhood Health Center	1,092,593	1,214,302	1,171,748
Mt. St. Joseph (Epiphany Center)	334,617	339,937	345,037
Positive Resource Center	1,387,038	1,395,389	1,282,771
Progress Foundation	8,417,674	11,180,465	12,745,954
Project Homeless Connect	832,691	486,773	988,149
Providence Foundation	614,517	1,171,119	1,476,497
Salvation Army	576,002	588,609	633,809
San Francisco and Marin Food Bank	152,865	155,295	157,624
San Francisco Network Ministries	98,825	100,396	101,901
SF Bar Association	494,560	502,422	509,958
St. Francis Memorial Hospital	0	832,950	832,950
St. Vincent de Paul Society	3,609,757	4,295,435	4,741,353
Swords to Plowshares	629,093	639,592	719,468
Tenderloin Housing Clinic	10,291,545	12,191,239	14,101,489
Tenderloin Neighborhood Development Corporation	1,453,140	1,959,806	2,109,207
TODCO	312,144	295,722	319,334
UCSF	2,161,446	2,182,509	3,028,015
United Council of Human Services	1,779,378	1,859,368	2,532,893
Various	731,472	766,895	830,014
Total Provider Budgets	**$141,127,294**	**$155,284,230**	**$175,641,009**

Innovative Solutions in Other Jurisdictions

Based on our review of best practices across the country, we found several efforts that have produced positive results in those locations and may be worth considering for implementation in San Francisco. Several of these innovations are referenced within this report, including Coordinated Placement, Shelter Diversion and Rapid Re-Housing.

Additional ideas to consider include:

Partnerships with the Private Sector:

The City of Seattle announced a new partnership with Amazon to provide a temporary shelter (under the administration of a local non-profit organization) at a vacant space on its property.

San Francisco should aggressively seek similar partnerships with local businesses.

Expanded SSI Advocacy:

Two recent reports found that many of California's General Assistance (GA) recipients, especially those who are homeless or who have severe mental disabilities, were unlikely to obtain SSI benefits to which they were entitled without help because the process is complex, lengthy and confusing. The reports documented substantial cost savings to counties, increased local economic activity, and income increases for GA recipients that occurred when disabled GA recipients were moved onto SSI, which provides a substantially larger benefit than CAAP/GA.

Despite the fact that San Francisco's 2004 10-Year Plan to Abolish Chronic Homelessness identified SSI Advocacy as an important intervention for ending homelessness, San Francisco still has fewer than 10 attorneys assigned to this activity. Alameda County, for example, has 41 SSI attorneys.

Regional Coordination

Los Angeles County released a report in 2016 outlining its strategies to combat homelessness. The strategies focused on six key areas (prevention, subsidies, case management, coordination, increased income and expanded housing) and included several actions to coordinate with regional entities. One specific strategy calls for the convening of a regional homelessness advisory council.

This seems like a useful model for San Francisco to consider, as the City's current affordable housing shortage severely limits the ability to address the needs of the homeless population.

Land Use Modifications

Also noted in the Los Angeles County plan discussed above, the pressure to expand the housing supply cannot be met given current land use restrictions. Some specific strategies noted by Los Angeles County include a Second Dwelling Unit Pilot Program, which would expedite the review and approval of such

projects and provides grants of low-interest loans, and using County-owned property for the development of housing for the homeless.

Advocacy for State and Federal Funds

Homelessness is not a problem unique to San Francisco, and solutions must come from all levels of government. While the City can take additional steps to address the issue, the State and Federal governments must be pushed to provide more assistance. Whether for additional rental assistance subsidies or capital funds for construction, San Francisco officials should work with state and federal policymakers to expand current levels of support. For example, the California State Legislature is currently considering a bond initiative, called "No Place like Home", which would issue $2 billion in bonds to finance new housing units. More efforts like this will be needed to truly make an impact.

Contract Monitoring

As requested by the Board in the motion directing this audit, we reviewed the contract monitoring procedures at both HSA and DPH.

At DPH, the major concerns related to contract monitoring procedures include:

- Weighting of client satisfaction surveys in the contract monitoring process that accounts for 25 percent of a contractor's total score. The customer satisfaction survey instruments are typically generic instruments that don't measure a program's outcomes. Surveys administered by programs that receive State funding are not anonymous, and it is not known to what extent the lack of confidentiality affects responses.
- Need for greater weighting of performance measures that focus on outcomes, rather than outputs. Overall program ratings do not sufficiently indicate whether the program is meeting intended outcome goals because outcome-based performance measures account for only 19 percent of a contractor's total score.

We identified a few concerns related to contract monitoring procedures at HSA. These include:

- Annual fiscal compliance monitoring was not consistently performed on all contracts as required by internal policy, including those that had findings in previous years.
- Formal training was not consistently provided to contract and program managers on contract monitoring procedures.
- Fiscal contract monitoring policies and procedures were outdated or insufficiently organized and complete.
- Program monitoring performance measures that do not always capture all contractually provided services.

Because we consider these contract monitoring issues relatively low risk to the City, and given the limited timeframe for this project, we focused our audit research on the higher risk areas detailed in the finding sections that follow. However, we include them here so to ensure that the Board is aware of the deficiencies and that the departments take action to address the items listed above.

New Department of Homelessness and Supportive Housing

In late 2015, Mayor Ed Lee announced plans to consolidate the City's homeless services, currently administered by multiple departments, under a single new department. According to City officials, plans for a homeless department were modeled on similar agencies in other cities, including New York. It should be noted that during the course of this audit, New York City announced that it will revert back to its previous model for homeless service administration—bringing the homeless department back under the purview of the Human Resources Administration (similar to San Francisco's HSA)—primarily to eliminate administrative redundancies and ensure better coordination for clients to access benefit programs. Policymakers in San Francisco should be mindful of these results, documented in a comprehensive operational review, as they finalize the plans for the new department.

We are directing recommendations to the director of the new Department of Homelessness and Supportive Housing for items that we understand will be under its purview. Once the organizational structure of the new department has been finalized, recommendations may need to be redirected, accordingly.

We recognize that some of the findings noted here may already be under consideration, and we hope that the recommendations will help provide useful next steps for the new Department of Homelessness and Supportive Housing.

Acknowledgements

We would like to thank the staffs of the Human Services Agency, the Department of Public Health, the Mayor's Office of Housing and Community Development, the Mayor's Office of HOPE, the Department of Public Works, and the San Francisco Police Department for their assistance during this audit process.

1 Needs Assessment for Homeless Services

The City does not conduct formal needs assessments and service gap analyses to understand the scope of homeless service needs within the City. These analyses would help prioritize programs and services according to highest need, and estimate the gap between the number of homeless individuals currently receiving services and those who could benefit from additional services. Assessing need is currently done informally on an ad-hoc and reactionary basis, rather than as a result of an analysis of the City's projected need, current assets and potential service gaps. With needs assessments, the City could more effectively target public dollars to assist homeless individuals most in need or fill in identified service gaps.

The City Does Not Conduct Formal Comprehensive Needs Assessment for Homeless Services

Despite a significant allocation of funds to homeless services, the City does not conduct formal needs assessments of the population to ensure that services align with needs. In FY 2014-15, the City spent $186,109,496 of General Fund revenue on homeless service programs that serve at least 50 percent homeless clients. This is a 23 percent increase from FY 2012-13 expenditures of $151,304,384 as shown in Table 1.1 below.

Table 1.1: City Budgeted Homeless Services

Homeless Service Programs	FY 12-13	FY 13-14	FY 14-15	% Change FY 12-13 to 14-15
Human Services Agency				
SRO Master Lease Housing	$17,848,147	$22,087,876	$23,321,866	31%
Adult Emergency Shelters	11,792,964	13,488,949	15,369,317	30%
Family Emergency Shelters	4,277,774	4,770,429	5,076,271	19%
Homeless Prevention & Rental Assistance Programs	3,859,623	3,987,679	3,857,066	0%
LOSP Housing - Contracted Services Only	3,128,241	3,605,127	4,137,457	32%
Family Rental Subsidies	3,055,672	2,717,611	3,270,065	7%
Resource Centers and Drop-Ins	2,282,790	2,472,736	2,697,472	18%
Family Transitional Housing	1,006,440	1,020,236	1,062,332	6%
SRO Master Lease Supportive Services	972,456	987,912	1,002,729	3%
Transitional Age Youth-Transitional Housing	777,096	1,764,402	2,344,867	202%
Homeward Bound	195,000	195,000	195,000	0%
Subtotal	**$49,196,203**	**$57,097,957**	**$62,334,442**	**27%**
Department of Public Health				
Direct Access to Housing	$21,154,942	$22,405,110	$23,426,608	11%
Transitional Housing	$6,505,891	$7,715,778	$8,768,380	35%
Outreach and Case Management	20,676,612	21,062,957	23,819,838	15%
Resource Centers and Drop-Ins	236,881	487,871	563,480	138%
Substance Abuse and Mental Health	39,155,084	44,554,981	53,856,348	50%
SSI Disability Legal Advocacy	1,881,598	1,897,811	1,792,729	-5%
Primary Care	12,497,173	10,497,934	11,547,671	-8%
Subtotal	**$102,108,181**	**$108,622,442**	**$123,775,054**	**21%**
HSA + DPH Total	**$151,304,384**	**$165,720,399**	**$186,109,496**	**23%**

Source: HSA

*100% General Fund, serving at least 50% homeless clients

Senior management at HSA, the City's lead agency on homeless services, acknowledged that the department does not internally conduct formal needs assessment to guide policy and funding decisions, and generally relies on the HUD-mandated biennial homeless point-in-time (PIT) count and follow-up survey to determine need.

The homeless PIT count is conducted for four hours on one night every two years by volunteers doing visual street counts, as well as a count of individuals in the City's emergency shelters on that day. Volunteers also survey a sample of the homeless population with specific questions, to the extent possible. This is the City's official enumeration of the homeless population, and significant policy and funding decisions are made based on the homeless population as determined by the PIT count.

Table 1.2: Summary of Point-in-Time Counts, 2009-2015

Location	2009	2011	2013*	2015
Street	2,709	3,106	4,315	4,358
Emergency Shelter	1,516	1,479	1,626	1,599
Transitional Housing	964	796	720	420
Treatment Centers	293	241	93	499
Resource Centers	233	145	112	210
Stabilization Rooms	307	202	235	188
Jails	394	317	126	242
Hospitals	98	169	123	23
Total	**6,514**	**6,455**	**7,350**	**7,539**

Source: SF Homeless PIT Counts, 2009-2015

*Note: The PIT Count began conducting supplemental Youth Counts in 2013, which could account for some increase in the homeless population in 2013 as compared to previous years.

The 2015 homeless count of 7,539 individuals includes 6,686 individuals from the general street and shelter count and 853 youth identified during a supplemental youth count on the same day.

This methodology has limitations, and does not capture the entire population, as noted by HSA senior staff, and as indicated by the difference in population counts maintained in other systems, including DPH's Coordinated Care Management System (CCMS). For example, in FY 2014-15, DPH served 9,975 homeless clients, which are 2,436 individuals, or 32 percent more, than the PIT count reports (7,539 individuals).

The follow-up survey with a sample of the homeless population conducted as part of the PIT count also reports on other information including:

- Demographics
- Housing history
- Primary cause of homelessness
- Duration and recurrence of homelessness
- Obstacles to obtaining permanent housing
- Employment, income, and government assistance
- Health

- Domestic violence or abuse
- Criminal justice history

According to the 2015 PIT Count Report, "The 2015 Planning Committee identified several important project goals [which included]: To improve the ability of policy makers and service providers to plan and implement services that meet the needs of the local homeless population."

However, the PIT count report does not provide an estimate of projected service need based on the survey results. Rather, it provides self-reported information from surveyed homeless individuals on what types of services they have used, such as "Free Meals", "Emergency Shelter", "Shelter Day Services", and "Health Services". The report also indicates how many of the homeless individuals interviewed report current use of benefit programs, including the County Adult Assistance Program (CAAP) and the Supplemental Nutrition Assistance Program (SNAP).

While the data from the PIT count report does not assess service needs for the homeless population, according to senior staff at HSA, informal assessments of need are conducted routinely and on an ad-hoc basis through monitoring contract performance data, or discussions with staff members and service providers about their experiences within the community. This information from providers, while valuable, is qualitative, anecdotal, and unverified, and is not shared in a formal manner with other departments such as the Mayor's Office of HOPE and DPH, or decision-making policy bodies such as the Local Homeless Coordinating Board or the Shelter Monitoring Committee.

HSA Relies on Long-Range Strategic Planning and Policy Documents to Identify Service Goals and Needs

Without a needs assessment that clearly documents where service weaknesses exist, City officials have a limited ability to understand the dynamic needs of the population and cannot ensure proper policy direction and funding for critical areas including outreach and housing exits.

According to HSA, the Department considers the following long-range policy documents to identify the City's homeless service needs:

Table 1.3: Homeless Services Long-Range Planning & Policy Documents

Year	Title	Author
2004	10-Year Plan to Abolish Chronic Homelessness	San Francisco Ten Year Planning Council
2014	10-Year Plan Anniversary Report	HSA
2014	Local Homeless Coordinating Board Strategic Plan Framework 2014-2019	LHCB
2015	San Francisco Homeless Point-In-Time Count & Survey Comprehensive Report	Applied Survey Research
2015	San Francisco Homeless Unique Youth Count & Survey Comprehensive Report	Applied Survey Research
2015	Providing Stability and Support: An Assessment of San Francisco's Transitional Age Youth Housing and Services System	Harder + Company

While these policy documents are useful in long-term strategic planning, they do not critically analyze how the City's current assets are suited to meet projected needs of the homeless population. These documents are also issued by separate organizations and governing bodies, which do not all have equal weight or influence in prioritizing policies and programs. It should be noted that the City's major planning document for homelessness is the 2004 10-Year Plan, which expired two years ago and has not been updated.

Additional Policy Documents Related to Homelessness

Given the shortage of affordable housing options in San Francisco, other strategic planning documents should be incorporated in HSA's strategy for housing the homeless. These include: the HUD Consolidated Plan prepared by MOHCD and OEWD, the Regional Housing Needs Assessment for San Francisco prepared by the Association of Bay Area Governments, and the San Francisco Housing Element prepared by the Planning Department.

Recommendation 1.1: The Director of the Department of Homelessness and Supportive Housing should lead the City's efforts to update its 2004 10-Year Plan to Abolish Homelessness, which expired in 2014.

Other City Entities Conduct Needs Assessments for Vulnerable Populations

Service needs assessments have been adopted by other City bodies to conduct a gap analysis regarding the needs of specific populations, such as homeless veterans. The San Francisco Continuum of Care (CoC) conducts a comprehensive needs assessment including a gap analysis for homeless veterans to fulfill HUD-mandated requirements. An example from the "Initial Gap" section of the analysis tool is shown in Exhibit 1.1 below.

Exhibit 1.1: SF CoC Veterans Affairs Gap Analysis Tool FY 2014-15, 4th Quarter: Initial Gap

Need	Programs meeting the Need (Multiple programs can help a Veteran achieve a PH Placement)	Permanent Housing (PH) Placements Needed (Jan-Dec 2015)	PH Placements possible with available assets (Jan-Dec 2015)	Gap in PH Placements (Jan-Dec 2015)	Preliminary Excess PH Placements (Jan -Dec 2015)
Chronically Homeless Veterans **NOT** eligible for VA-Healthcare and need Permanent Supportive Housing	Non-VA PSH	60	60	-	-
Chronically Homeless Veterans eligible for VA-Healthcare and need Permanent Supportive Housing	Non-VA PSH Excess after serving VHA in-eligible Veterans	341	118	69	-
	HUD-VASH alone, HUD-VASH along with SSVF RRH and HUD-VASH along with VA Residential Programs (GPD, DCHV, CWT/TR and HCHV)		154		-
Episodic and Short-term homeless who need Rapid Rehousing	SSVF Rapid Re-housing (RRH) alone	277	188	89	-
	Non-VA Rapid Re-housing		-		-
Episodic and Short-term homeless who need other interventions	VA Residential Programs (GPD, DCHV, CWT/TR and HCHV) alone, VA Residential Programs along with SSVF-RRH	277	146	131	-
	Non-VA Residential Treatment Programs		-		-
Total*		**955**	**666**	**289**	-
	Episodic and Short-term homeless who will self-resolve and do not need any interventions	185			
	Total Homeless Veterans (Jan-Dec 2015)	**1,140**			

Source: HSA

The Department of Children, Youth, and Families (DCYF) also conducts a Community Needs Assessment every five years. Their needs assessment includes qualitative and quantitative data collected through interviews, focus groups, surveys and other outreach mechanisms to determine service gaps for children, youth and families, as shown in Exhibit 1.2 below. The results of the survey inform the development of a Services Allocation Plan, including an equity analysis, and strategic funding priorities. Strategies from DCYF's Community Needs Assessment could be replicated for the homeless population.

Exhibit 1.2: DCYF Data Sources to Inform 2015 Community Needs Assessment

Source: DCYF

Assessing a transient homeless population relative to other populations, such as children, would likely pose greater challenges to conducting a comprehensive needs assessment. However, the City should explore ways to adapt current needs assessment practices of the SF CoC Veterans Affairs and DCYF to the homeless population, even if limitations exist.

Limited Resources Reinforce Need for More Robust Assessment

A significant portion of the City's General Fund expenditures for housing placements for the homeless have been allocated to permanent supportive housing. However, HSA senior staff acknowledges that this is not the appropriate exit plan for all homeless individuals, and the cost of mismatch is high. A recent analysis of the Costs of Homelessness produced by our office shows high turnover for individuals placed in permanent supportive housing over a three-year period. In the study of the 1,818 adults who entered permanent supportive housing in San Francisco in FY 2010-11 and FY 2011-12, 50 percent had left their original housing placement as of the end of FY 2014-15. Within HSA's Master Lease housing program, 66 percent of individuals left their original housing placements. Some of the people who left their original placement increased their use of homeless services, emergency/urgent care, or jail time after leaving their placement compared to the three-year period before housing placement.

While HSA tracks reasons for exits from housing at the project-level (i.e., the housing site), client-level reasons for leaving housing placements are unknown. The Master Lease housing program has a low threshold for placement (homelessness only), so it is possible that an SRO in the Master Lease program was not the proper placement for some individuals, and a needs assessment could potentially demonstrate other housing or services that might be able to keep individuals in a different type of permanent housing longer. Some of these housing and service alternatives may be more cost-effective than those currently offered, such

as short-term rental subsidies, which were proven to be effective during the City's Homeless Prevention and Rapid Re-Housing Program (HPRP), funded with a federal stimulus grant, as discussed in more detail in Section 5 of this report.

As the new Department of Homelessness and Supportive Housing comes together, a comprehensive needs assessment for programs and services will provide critical information to ensure that the leadership can best allocate funds across programs to maximize the impact on the homeless population.

Recommendation 1.2: The Department of Homelessness and Supportive Housing Director should mandate and regularly conduct a formal and replicable citywide comprehensive needs assessment for homeless services, including a service gap analysis.

Existing Population Data Could Be Used to Assess Service Needs

As noted throughout this report, the City currently maintains a valuable source of robust client-level data on the homeless population within the Department of Public Health's Coordinated Care Management System (CCMS). Information in CCMS is regularly analyzed regarding the top 1 percent highest users of urgent/emergent services within three health service systems: medical, mental health, and substance abuse. For FY 2014-15, the top 1 percent included 338 homeless individuals, 255 of which were High Users of Multiple Systems (HUMS), and the remaining 83 were High Users of a Single System (HUSS). DPH has a Care Coordination Team within the Transitions Division which focuses on helping HUMS clients navigate the DPH network, and allows DPH to identify areas for proactive measures, and assess the success of various interventions.

Similar analyses could be conducted of the various homeless subpopulations tracked in CCMS.

Recommendation 1.3: The Department of Homelessness and Supportive Housing Director should ensure that staff and programs use all available data across departments, particularly CCMS, to understand service utilization by homeless individuals.

2 Data Centralization

The Department of Public Health (DPH) and Human Services Agency (HSA) have multiple de-centralized data systems for service tracking and reporting. HSA plans to implement a new Homeless Management Information System (HMIS) to meet the requirements of Coordinated Entry, which is a system of care mandated by the federal Department of Housing and Urban Development (HUD). However, the Request for Proposals for the new HMIS does not have the necessary level of technical detail for software vendors to scope out a product to meet data integration and service prioritization needs.

DPH's Coordinated Care Management System (CCMS) is able to integrate DPH service data with emergency shelter and other data from HMIS and other City systems. CCMS also has more data analytic potential than is currently used by DPH staff. The new Department of Homelessness and Supportive Housing will need to determine how best to integrate the HMIS and CCMS information for reporting and analysis purposes, including ensuring staffing resources. This coordination will be essential to the new Department of Homelessness and Supportive Housing, which will be phasing in Coordinated Entry for both federally- and locally-funded homeless programs.

Overview of Existing Homeless Services Data Systems

Programs that serve homeless clients in San Francisco are primarily administered by the Human Services Agency (HSA) and the Department of Public Health (DPH), which each have multiple de-centralized data systems for service tracking and reporting.

These systems have been built to meet the original system purpose and need, and have been maintained separately for various reasons. For example, according to DPH, medical tracking is traditionally separate from social service tracking because systems are typically tied to billing. Table 2.1 summarizes the homeless services data systems currently used by HSA and DPH.

Table 2.1: Existing Homeless Services Data Systems used by the City

Human Services Agency			
System	**Platform**	**Use**	**Mandate**
Homeless Management Information System (HMIS)	ETO	Integrates data about federally-funded homeless services programs for required reporting to HUD about service provision	Federal Requirement
Shelter + Care database	Microsoft Access	Tracks payments, case management, emergencies, and client grievance for the Shelter + Care program	Internally Created
CHANGES	Custom built by HSA IT	Shelter reservation and check-in system for San Francisco's emergency shelters. Integrates with the CalWIN benefits system to verify CAAP participation	Internally Created
Housing Access Team (HAT) database	FileMaker Pro	Tracks housing placement process for homeless CAAP clients referred to housing under Care Not Cash	Internally Created
HomeLink	Palantir	Implements Coordinated Entry by prioritizing clients by length of homelessness, and tracking housing placements and vacancies in the Coordinated Entry portfolio	Federal Recommendation
Navigation Center database	Drupal	Tracks client status at Navigation Center, including HSA benefits utilization, case management, referral locations, and exits	Internally Created
Homeward Bound database	Microsoft Access	Tracks eligibility, exit information, and destination follow-up	Internally Created
Citywide exits survey	Microsoft Excel	Tracks the number and reasons for eviction from permanent supportive housing and non-eviction housing exits, by property and not by client	Internally Created
Department of Public Health			
System	**Platform**	**Use**	**Mandate**
Coordinated Care Management System (CCMS)	Oracle	Integrates medical, behavioral health, jail health, death registry, DAH housing, Stabilization Rooms, and HOT Team engagement service records from databases in and out of DPH for tracking client-level service utilization	Internally Created
DAH Access database	Oracle	Used to track DAH referrals and determine placement priorities based on medical need	Internally Created

HUD Mandate for Coordinated Entry

Coordinated Entry is a system of care for the homeless with three primary components: (1) standardized access/central intake; (2) standardized assessment; and 3) coordinated referral. In 2012, the U.S. Department of Housing & Urban Development (HUD) issued a Coordinated Entry mandate with the goal of ensuring that homeless individuals and families with the most severe service needs are prioritized in federally-funded permanent supportive housing[1]. HSA serves as the Collaborative Applicant for HUD funding because the majority of federally-funded permanent supportive housing in San Francisco is administered by HSA. Under Coordinated Entry, people experiencing homelessness are assessed and prioritized to receive assistance no matter where and how they present.

The City is required to implement Coordinated Entry for HUD-funded programs that serve single adults by the start of 2017. Episcopal Community Services currently implements San Francisco's Coordinated Entry program for chronically homeless single adults. The City intends to phase in implementation of Coordinated Entry for non-HUD programs as well, which will require an enhanced data system, as described below.

HUD Guidelines

HUD provided guidance to local Continuums of Care[2] in 2014 on the suggested order of priority for Coordinated Entry assessment tools, but allows each Continuum of Care to establish its own policies and procedures governing their assessment system, as long as all referrals for housing are accepted through a single prioritization system. HUD encouraged Continuums of Care to give first priority to persons with the most severe service needs, and second priority to persons with the longest history of homelessness.[3]

HUD considers a person to have severe service needs if they have either (1) a history of high utilization of crisis services, such as emergency rooms, jails, and psychiatric facilities, or (2) significant health or behavioral health challenges or functional impairments that require a significant level of support in order to maintain permanent housing. HUD suggests that such severe service needs should be identified and verified though data-driven methods such as administrative data match or use of a standardized assessment tool that can identify the severity of needs such as the

[1] Permanent supportive housing is housing with indefinite leasing or rental assistance paired with supportive services to assist individuals or families experiencing homelessness and mental/behavioral health or medical issues to achieve housing stability.

[2] A Continuum of Care is a local planning body that coordinates federal housing and services funding for homeless families and individuals. HUD requires communities to submit a single application for McKinney-Vento Homeless Assistance Grants, and the application is coordinated by the Continuum of Care. The Continuum of Care is also tasked with the biannual homeless count.

[3] HUD Notice CPD-14-012: "Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status", July 28, 2014.

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT).

San Francisco Implementation Plans for Coordinated Entry

Need for New System

In accordance with HUD requirements, HSA currently runs a Homeless Management Information System (HMIS) that will need to be replaced to comply with HUD's new data collection, management, and reporting standards for Coordinated Entry.

The City's current HMIS lacks the capacity to: (1) host Coordinated Entry and the group of existing homeless databases listed in Table 2.1, (2) integrate data from the Department of Public Health's Coordinated Care Management System (CCMS), or (3) consolidate program data for evaluation. As shown above in Table 2.1, HSA and non-profit homeless service providers use a variety of proprietary databases day-to-day, with staff manually entering (dual entry) or regularly uploading batch data to the City's version of HMIS.

The single prioritized system requirement of Coordinated Entry necessitates a centralized database for housing referrals. HUD provides Continuums of Care flexibility to build out their HMIS to suit their own system needs that exceed the federal reporting requirements.

HSA Contractors Evaluation of System Needs

Since October 2015, HSA has engaged two contractors and a UC Berkeley researcher for technical assistance, system assessment, community input, and new system design for Coordinated Entry and the new HMIS, as shown in Exhibit 2.1 below.

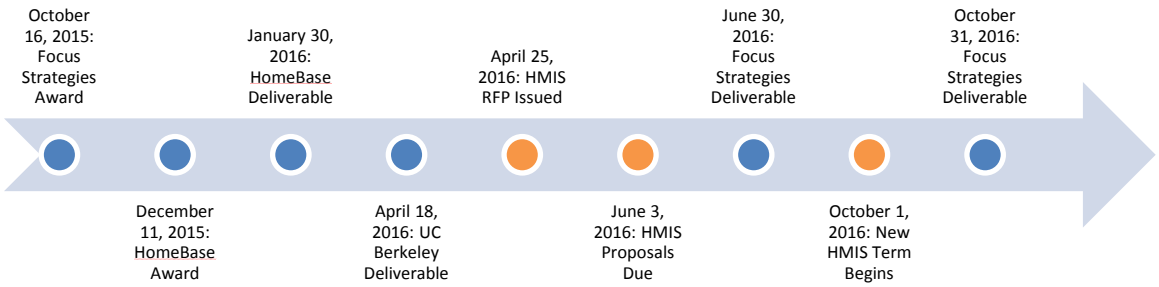
The contract with HomeBase was to provide technical assistance in the development of the HMIS and launching of the new Coordinated Entry for families. The technical assistance covered three phases: (1) an audit and needs assessment; (2) system implementation; and (2) training, data quality protocols, and support in developing system reports. The HomeBase findings regarding the technical requirements for the new HMIS system were adopted into HSA's Request for Proposals.

The contract with Focus Strategies was to provide an assessment of the current coordinated entry systems, recommend a new system design, and prepare an implementation plan. The Focus Strategies findings were not incorporated into the RFP process, and the two reports are not due until after the proposals have been received and HMIS implementation has begun, respectively.

The UC Berkeley report was intended to be a blueprint "converging the planning efforts of the HMIS transition team with the data needs". This report was delivered one week prior to the release of the RFP, and its

major recommendations for implementation were not incorporated into the RFP.

Exhibit 2.1: Timeline of Consultant Deliverables and HMIS Procurement Milestones



Request for Proposals Process

The RFP, as issued, does not have the level of technical detail necessary for software vendors to scope out a product that will satisfy the complex (1) homeless data integration needs, and (2) service prioritization needs for which the new HMIS is the designated platform.

On the issue of data integration, the RFP does not describe the types of existing software platforms that host the City's data about the homeless population and that would need to be integrated into the new HMIS. For example, the RFP simply states that HSA is seeking an "open and flexible platform which maximizes opportunities for data integration across multiple software solutions." There is no mention of the types of existing software in use, their existing functions, or the structure of the existing databases.

The RFP calls for "software [that] can be used to make shelter reservations and process shelter check-ins," which describes the function of the City's current CHANGES shelter reservation system. However, the RFP provides no additional detail about the required technical functionality of the shelter reservation process. Shelter reservations are currently taken in by the 311 Customer Service Center (a different department), but the need for interoperability across departments is not specified in the RFP. Additionally, one of the existing deficiencies of the CHANGES system is that it cannot be used for long-term tracking of shelter vacancies because it only generates daily reports. Such a level of detail about the tracking and reporting needs of the new HMIS should be specified to potential bidders, but is absent in the RFP.

Since the new HMIS will be the platform for Coordinated Entry, the RFP should have specified the assessment methodology that the City will use for service prioritization under Coordinated Entry. The assessment methodology is still under development as part of the deliverables from Focus Strategies that are due in June and October 2016. Due to the need

to quickly procure a new HMIS that addresses deficiencies with the existing HMIS, HSA decided that the details about how to prioritize clients for service were not critical for inclusion in the RFP.

However, specifying such system requirements after the bidding process could restrict HSA to a system that cannot be adapted to Focus Strategies' recommended assessment methods. For example, if the City decides that Coordinated Entry should consider a family's public benefit recipient status (i.e. CalWORKs) as part of the assessment for prioritization, the RFP has not specified the need for the HMIS to integrate with external databases such as the State's CalWIN database for public benefits. Such types of integration could be necessary for use of the assessment tool, and it could be a costly amendment to the scope of work to request a vendor to add it later, if it would be even be possible.

Although the functional and administrative scope of the new department of homelessness is still being determined, the Mayor's Office has announced that HMIS will fall under the purview of the new department. Therefore, assuming that the contract will be transferred from HSA to the new department, the new Department of Homelessness and Supportive Housing will be bound to using the HSA-procured HMIS at least through June 30, 2019.

As discussed above, part of the motivation for the new department of homelessness is to centralize homeless services and data tracking in a single department. The new HMIS, as specified in the RFP, falls short of this goal by not addressing the needs for the system to handle database integration, Coordinated Entry, and analysis of service utilization for needs assessment.

> Recommendation 2.1: The Department of Homelessness and Supportive Housing Director should incorporate the recommendations of recent data consultants (UC Berkeley and Focus Strategies) into the contract with the selected HMIS provider, in order to provide more detailed specifications for database integration, Coordinated Entry, and analytical capabilities of the new HMIS.

Maximizing Utilization of Existing Data

The City currently stores administrative data about homeless individuals' severe service needs in DPH's Coordinated Care Management System (CCMS). CCMS integrates medical, mental health, behavioral health, jail health, and Direct Access to Housing (DAH) records from DPH with CHANGES emergency shelter, Homeless Access Team, CAAP, and HMIS records from HSA, as well as Emergency Medical Service (EMS) high user transport records, UCSF psychiatric emergency records, the death registry, and out-of-network medical records from the San Francisco Health Plan. According to DPH, CCMS currently contains inter-agency service records for almost every adult in the emergency shelter system.

The DAH Access Team currently uses records stored in DPH's CCMS to verify a client's severity of medical need for placement in permanent supportive housing. Because medical acuity is a requirement for placement in the DAH program, DPH is able to include housing case managers on the DAH Access Team in the "treatment team" (the people treating a patient), which allows for HIPAA-compliant access to client-level service data compiled in CCMS.

Establishing the "Need to Know" for HSA Staff to Access CCMS

DPH could add Coordinated Entry referral staff to their clients' treatment team if the assessment methods for Coordinated Entry justified a need to know[4] about protected health information. The use of existing administrative data would preclude the need for intrusive questions about an individual's medical or behavioral health history, avoiding the intrusive questions that concern the Local Homeless Coordinating Board, and improve the City's ability to place clients in the most appropriate housing placement.

Recommendation 1.3 states that the Department of Homelessness and Supportive Housing Director should ensure that staff and programs use all available data across departments to understand service utilization by homeless individuals. This should apply to coordinating access and information between DPH's CCMS and HSA's HMIS systems.

Given the robust information offered by CCMS on City service utilization by various populations, including the homeless, it is wasteful not to maximize the utilization of this data. Currently, the CCMS team reports that they have analytical capacity limitations based on limited staff. For now, each non-HUMS analysis must be customized, which usually involves a large administrative burden. For example, in response to a request from the Board of Supervisors for a comparison of the costs of placing homeless adults in permanent supportive housing versus remaining on the street, the Budget and Legislative Analyst engaged in a nine-month process with DPH for access to and analysis of CCMS records.

As the City moves forward with Coordinated Entry implementation, DPH and the new department will need to determine how best to integrate the HMIS and CCMS information for reporting and analysis purposes. Given the current capacity limitations of the existing CCMS team, it is likely that additional staff will be needed to ensure a smooth integration of the new HMIS and CCMS. Although DPH has not yet determined the number or classification of new employees necessary for this transition, it is clear that policymakers would benefit from the additional reporting capacity that an enhanced CCMS team could provide.

[4] Under the Health Insurance Portability and Accountability Act (HIPAA) Minimum Necessary Requirement, a client's health information must be protected unless a "need to know" has been established. Basing prioritization for housing placement on length of homelessness alone precludes housing referral staff from having a need to know.

Recommendation 2.2: The DPH Executive Director should direct staff to conduct a staffing analysis for the CCMS team and identify existing hiring capacity from salary savings and long-term vacancies within the department.

Using Data to Inform Housing Placement Decisions

San Francisco's Continuum of Care governing body, the Local Homeless Coordinating Board, decided to use length of homelessness as the only prioritization criterion for Coordinated Entry (for non-veterans) because it minimizes the intrusiveness of referral interviews and is transparent and easy to understand. Top priority is given to individuals and families who have experienced homelessness in the city for 13 years or more.

However, based on a recent study of adults placed in permanent supportive housing conducted by our office, significant outcome variances occur for clients placed in the City's different supportive housing programs. For example, we found that 58 percent of the homeless adults placed in DPH's Direct Access to Housing program in FY 2010-11 and FY 2011-12 were still in their original placement as of the end of FY 2014-15 as compared to only 33 percent of the adults placed in HSA's Master Lease housing program, which does not consider severity of service need. Many of the adults who left Master Lease housing had at least some continued use of homeless services, jail, or urgent/emergency care following their exit from Master Lease housing. While the study did not have information on the reasons that adults left Master Lease housing or increased their use of services, potentially the adults leaving Master Lease housing had undiagnosed or untreated medical, mental, or behavioral health conditions prior to placement in housing. The presence of these conditions could in turn have impacted the individual's ability to stabilize while housed

Stakeholders agree that the solution to homelessness is housing, but permanent supportive housing, the most expensive housing placement, is not necessarily the appropriate place for every homeless individual. Therefore, the City needs to use a robust Coordinated Entry process that assesses homeless clients based on their psychosocial needs in order to improve the effectiveness of allocating scarce permanent supportive housing versus other forms of assistance.

Recommendation 2.3: The San Francisco Continuum of Care should re-evaluate the consideration of severity of service need for determining prioritization for supportive housing placement under Coordinated Entry, given the availability of relevant existing client information.

3 Outreach and Access

The City currently spends $37,694,624 per year on homeless outreach and responses to incidents involving the homeless. The majority of spending is on SFPD responses to calls from San Francisco residents that do not involve referrals to homeless services. In addition, priorities for outreach activities, particularly those of the Department of Public Health's HOT Team, have not been consistent over time, impairing the effectiveness of the outreach efforts.

To reduce costs and improve service delivery and needs assessment, the City should evaluate options for changing policy to prioritize response to homeless-related calls by the HOT Team rather than SFPD.

Overview of City Homeless Outreach Activities and Spending

The City spent $37,694,624 on homeless outreach and responses to incidents involving the homeless in FY 2014-15, as shown below.

Table 3.1: Estimated Annual Expenditures on Homeless Outreach by Department or Program, FY 2014-15

Department/Program	Annual Expenditures
Outreach	
Homeless Outreach Team (Public Health)	$7,965,953
Project Homeless Connect (Public Health)	988,149
Drop-in Centers (Human Services Agency and Public Health)	3,444,808
Subtotal Outreach	12,398,910
Response to Homeless Incidents	
Police	18,541,324
Emergency Management	1,833,098
311 Customer Service Center	43,946
Public Works	4,688,569
Recreation & Parks	188,777
Subtotal Incident Response	25,295,714
Total	**$37,694,624**

Source: Survey of City Departments

Homeless Outreach

Homeless outreach is conducted primarily by the Department of Public Health (DPH) through their Homeless Outreach Team (HOT) and Project Connect.

The DPH HOT Team is a group of small teams staffed by para-professionals, clinicians, social workers, and peers who work to provide outreach and case management to high risk/vulnerable homeless individuals. The HOT Team has approximately 60 outreach/case workers who reach out to people on the street (not vehicular housed or doubled

up). The outreach workers operate from 5:30 AM to 9:30 PM, seven days a week, in teams of two to three people with approximately one team per supervisorial district. A team typically engages a homeless person, asks if they want service, and if so, a Public Works van picks up the person and their belongings to take to shelter. The HOT Team includes the Street Medicine Team, which involves clinicians providing on-site treatment and referrals to homeless patients on the street. The Fire Department implemented a new program in January 2016 known as EMS-6, which pairs a paramedic captain with members of the HOT Team and responds to calls of service for patients who are frequent users of emergency services.

DPH also funds Project Homeless Connect, which is a non-profit organization that holds five one-stop service events each year and provides daily in-office referral services. The one-stop service events involve corporate, non-profit, and government agency participants providing a wide range of services to homeless clients, including but not limited to dental care, eyeglasses, medical care, mental health services, SSI benefits, legal advice, and California identification cards.

DPH and the Human Services Agency (HSA) also operate three drop-in centers for the homeless, one of which is a clinic jointly funded by DPH and HSA, and the other two are funded by HSA.

Responses to Homeless-related Incidents

The City's largest expenditures for responses incidents involving homeless individuals are for police officers to respond to quality of life violations and other complaints. The Police Department (SFPD) has a Homeless Outreach unit that is divided into ten community-specific patrol teams and a Field Operations Bureau at Police Headquarters. SFPD's Homeless Outreach officers accompany DPW street cleaning teams and DPH's HOT teams, as needed. SFPD also responds to homeless-related incidents recorded by the Department of Emergency Management's 911 call center. The 911 call center recorded 60,491 homeless-related incidents in 2015.

Other responses to homeless incidents include (1) calls from residents to the 311 Customer Service Center, which received 2,997 homeless-related calls in 2015; (2) the Department of Public Works' (DPW) street cleaning teams that are deployed to clean up homeless encampments, and (3) the Recreation and Parks Department's two park patrol officers dedicated to homeless outreach in Golden Gate Park.

Due to Quality of Life Laws, the Existing Homeless Response Model is Expensive and Ineffective at Assessing Client Service Needs

The City spent more than $25 million in FY 2014-15 on responding to incidents involving the homeless. Most of the DPH HOT Team and SFPD interactions with homeless individuals are initiated by calls to 911 or 311 from San Francisco residents, but only the HOT Team and Drop-In Centers

are equipped to provide referrals to homeless services. Because the other departments that interact with the homeless population (SFPD, DPW, and RPD) are not social service agencies, their staff do not provide service referrals when engaging with the homeless population. Calls to 911 typically result in a response from the SFPD, and calls to 311 or the HOT Team hotline result in a response from the HOT Team.

Recent call and response data shows the volume of responses handled by the respective agencies.

Table 3.2: Homeless-Related Calls and Responses[1]

Department	Call Volume	Responses
Emergency Management (911)	60,491	57,249
HOT Team[2]	N/A	11,988
311 Customer Service Center	2,997	N/A

Source: Department of Emergency Management, DPH, 311 Customer Service Center
[1] For the most recent year available.
[2] Not known how many outreach attempts are initiated by calls versus neighborhood beats.

SFPD is required to respond to calls related to quality of life law violations, but the incidents rarely result in citations or arrest, and police officers are not equipped for providing service referrals. As shown in the table above, in 2015, law enforcement was dispatched for 57,249 incidents initiated by calls from the public about homeless-related quality of life law violations. According to data from the Department of Emergency Management, only 4,711 incidents (8 percent) resulted in citations and 125 incidents (0.2 percent) resulted in arrests. In most cases, police officers are only authorized to admonish homeless people for quality of life violations such as sit/lie and to hand out a resource sheet. SFPD is not able to provide access to shelter or other homeless services.

Also shown in the table above, the HOT Team made 11,988 outreach attempts in the 10-month period between April 1, 2015 and January 31, 2016. Outreach workers identified a person's needs in 3,241 of the attempts (27 percent), made 5,363 referrals for services (45 percent of the attempts) that resulted in 1,823 confirmed linkages to services. The remaining 3,384 outreach attempts (28 percent) were refused. DPH does not collect data on reasons for outreach refusals, making it impossible to know if people have refused assistance because the service needed is not currently offered. As noted in Section 1 of this report, a needs assessment would give City officials and policymakers the information necessary to close any potential service gaps for the homeless. It is also unclear how many of the people who refuse service are missing from the City's Coordinated Care Management System because they do not have service records, but it is likely that some of the people who refuse outreach attempts are not otherwise using homeless services. A more robust response model, focused on assessing the needs of the client and offering services or referrals, would offer a cost-effective approach that would support the City's needs assessment efforts, at the very least.

Recommendation 3.1: The Department of Homelessness and Supportive Housing Director should review the effectiveness of the current response and outreach model, and consider the appropriateness of recommending amendments to quality of life laws in an effort to prioritize response to homeless-related calls by the HOT Team rather than SFPD.

Shifting Priorities Inhibit the Effectiveness of the HOT Team

Priorities for outreach activities, particularly those of the HOT Team, have not been consistent over time, impairing the effectiveness of the outreach efforts.

The HOT Team was established in 2004 to provide medical outreach to homeless individuals with severe illnesses, at high risk of dying, and/or with high use of the urgent/emergency service system. The goal was to prioritize the most severe cases because the HOT Team is not large enough to serve the entire homeless population.

The HOT Team was reorganized and expanded in 2014, and their focus shifted to helping anyone who is homeless, regardless of medical needs.

The HOT Team's focus shifted again with the opening of the Navigation Center in March 2015. The Navigation Center is designed to serve homeless adults who stay out of shelters because they do not want to be separated from partners, friends, or pets. For Navigation Center outreach, teams are allocated a number of available slots to fill that day, once every two weeks. Outreach workers look for individuals and encampments that are long-term homeless and/or "Navigation Center-ready," which generally means that they (1) can be accommodated by the number of available slots, (2) are willing to go that day, and (3) do not have severe medical or behavioral health needs.

These major changes for prioritizing HOT Team outreach efforts are shown below.

Table 3.3: Homeless-Related Calls and Responses

Year	Priority
2004 – 2013	Medical outreach to homeless individuals with severe illnesses, at high risk of dying, and/or with high use of the urgent/emergency service system
2014	Anyone who is homeless
2015 – Present	Eligible for referral to the Navigation Center

Source: DPH

DPH reports that there are plans to change Navigation Center referrals to target people who have been homeless for five or more years and have not had shelter for more than six months. However, DPH officials are concerned that this change would make it more difficult to pick up entire encampments for referral to the Navigation Center.

In addition to their targeted outreach, the HOT Team responds to elected officials regarding homeless individuals in their districts, as well as 311 calls from residents across the City, which may or may not be the long-term homeless.

Receiving direction from many sources can result in inconsistent targeting and prioritization of homeless individuals by the SF HOT team for access to a scarce amount of City resources. This can be difficult for the SF HOT Team, which works to build long-term trust amongst the homeless community.

The shifting priorities and target populations of the HOT Team make it difficult to demonstrate effectiveness with any particular population because the outreach efforts are not tested long enough before the HOT Team's focus is redirected to a different population. As the Department of Homelessness and Supportive Housing moves forward to develop an updated Citywide policy document, discussed in Section 1 and throughout this report, that plan should incorporate the redefined response model, as well as clarifying the role and goals of the HOT Team.

4 Emergency & Transitional Shelters

The current demand for subsidized permanent supportive housing units within the City far exceeds availability. In the interim, individuals rely on emergency or transitional shelter until they are able to access permanent housing.

Currently, the City's shelter system does not have sufficient capacity to provide shelter beds for all individuals who request them, leaving a number of homeless individuals unsheltered.

To address recent emergency shelter needs, particularly related to weather conditions and public health concerns, the City has allocated $8,643,147 to establish new temporary shelters, including the two Navigation Centers and the Pier 80 shelter.

However, this expansion of shelter beds conflicts with the City's most recent, though outdated, policy. In its 2004 10-Year Plan to Abolish Chronic Homelessness ("10-Year Plan"), the City adopted a Housing First policy which emphasizes the immediate placement of individuals in permanent supportive housing, and the phasing out of emergency shelter and transitional housing programs within the City.

The City's Unsheltered Single Adult Homeless Population Exceeds the Number of Emergency Shelter Beds Available

The City provides emergency shelter for single adults, transitional age youth and families throughout the City. Some shelters are age or gender restricted to meet the needs of specific populations.

Homeless Single Adults

The City has 1,203 90-day single adult emergency shelter beds across ten shelters in the City, as shown in Table 4.1 below. The ten emergency shelters vary in capacity, neighborhood, and services offered.

Table 4.1: Single Adult Emergency Shelters

Single Adult Shelter*	Neighborhood	Capacity	Gender
MSC South	SOMA	340	M&F
Next Door	Tenderloin	334	M&F
Episcopal Sanctuary	SOMA	200	M&F
Providence	Bayview	110	M&F
Dolores Street-Santa Maria & Jazzie's Place	Mission	80	All
Lark Inn	Tenderloin	40	M&F (18-24)
Hospitality House	Tenderloin	30	M only
Providence Women's Shelter	Western Addition	30	F only
Dolores Street - Santa Ana	Mission	28	M only
A Woman's Place (opened in FY 2014-15)	SOMA	11	F only
	Total	**1,203**	

Source: HSA

*This count does not include the Navigation Center or the Pier 80 emergency winter shelter.

The 2015 point-in-time (PIT) homeless count, on which the City relies for its homeless population estimates, reported a total single adult unsheltered homeless population of 2,962, as shown in Table 4.2 below.

Table 4.2: Single Adult Emergency Shelter Need

Sheltered Status	2015 Count
Sheltered single adult homeless population*	2,378
Unsheltered single adult homeless population	2,962
Unsheltered as % of total	*55%*

Source: HSA, 2015 SF Homeless PIT Count Report

* Sheltered homeless population includes people in emergency shelter, stabilization and transitional settings, hospitals and jails.

It is possible this unmet need is even larger, if homeless individuals were not identified during the count, as discussed in the "Homeless Population Data" section in the Introduction to this report.

Transitional Age Youth and Unaccompanied Children

The 2015 general PIT count identified 1,441 transitional age youth (TAY) and 126 unaccompanied children, for a total of 1,569 homeless youth.[1] This is a decrease of 21 percent from the 2013 count of 1,902 youth. Of the homeless youth, 86 percent were unsheltered, and 14 percent were sheltered.

The City provides 40 emergency shelter beds for transition age youth. Unaccompanied minors are not eligible for emergency shelter designated for transitional age youth, and are served separately by the Department of Children, Youth and Families.

Of the 1,569 homeless transitional age youth, 1,367 or 87 percent were unsheltered.

Table 4.3: Transitional Age Youth Emergency Shelter Need

Sheltered Status	2015 Count
Sheltered homeless transitional age youth	202
Unsheltered homeless transitional age youth	1,367
Unsheltered as % of total	*87%*

Source: HSA, 2015 SF Homeless PIT Count Report

Homeless Families with Children

The City currently has five emergency shelters with capacity for up to 103 families, who can stay for three to six months.

[1] The 2015 general PIT count identified 1,569 youth, whereas the unique PIT youth count identified 853 homeless youth. The 1,569 figure is used because the youth PIT count only surveyed select areas of the City for homeless youth, which could lead to undercounting of the population.

Table 4.4: Family Emergency Shelters

Family Emergency Shelter	Capacity
Hamilton Emergency Center & Hamilton Family Residences	46 beds, 8 cribs
Compass Family Shelter	22 families
St. Joseph's Family Center	10 families
Providence Family Shelter	25 families
Total	**103 families**

Source: HSA, 2015 SF Homeless PIT Count Report

The 2015 homeless PIT count identified 630 homeless families within the City, which is 8 percent of the total homeless population of 6,686 individuals. The PIT count identified 597 homeless families living in emergency shelter, safe havens, or transitional housing, and 33 families that were unsheltered.

Table 4.5: Family Emergency Shelter Need

Sheltered Status	2015 Count
Sheltered family homeless population	597
Unsheltered family homeless population	33
Unsheltered as % of total	*5%*

Source: 2015 SF Homeless PIT Count Report

Often, homeless families do not stay on the street like single adults, but rather with friends or family, which could explain the difference in the unsheltered versus sheltered count for families and single adults (5 percent of all homeless families compared to 55 percent of all homeless single adults).

Emergency Shelters Have High Occupancy and Low Vacancy Rates

HSA tracks the previous night's occupancy and vacancy rates at each shelter on a daily basis. Occupancy and vacancy rates indicate that a bed was either claimed or unclaimed by an individual at 6:00 am the next morning, to account for individuals who claim their bed at various times during the night.

Across all shelters, the average vacancy rate has been low, between 4 and 6 percent, over the past three fiscal years, as shown in Table 4.6 below.

Table 4.6: Single Adult Emergency Shelter Occupancy & Vacancy Summary

		Average			
Fiscal Year	Total Daily Capacity*	Daily Occupancy	# of Vacant Beds per Day	Vacancy	Occupancy
FY 2012-13	1,139	1,089	48	4%	96%
FY 2013-14	1,139	1,087	52	5%	95%
FY 2014-15	1,181	1,111	71	6%	94%

Source: HSA

*The increase in number of beds in FY 2014-15 is due to the addition of A Woman's Place, Bethel Women's Shelter, and new beds at Dolores Street Santa Maria-Martha. New beds came online at various times of the year, which is why the average daily capacity does not add up to the 1,203 adult emergency beds currently available in FY 2015-16.This also does not include the 1950 Mission Street Navigation Center or the Pier 80 emergency winter shelter.

Some amount of daily vacancy is expected for reasons such as holding bottom bunks in order to accommodate the needs of clients with disabilities.

Vacancy Rates by Shelter

Average vacancy rates in FY 2014-15 varied by shelter, from a high of 25 percent at Providence to a low of 2 percent at Episcopal Sanctuary and MSC South, as shown in Table 4.7 below.

Table 4.7: FY 2014-15 Average Daily Occupancy & Vacancy by Single Adult Emergency Shelter

	Total		Average		
Shelter	Occupancy	Capacity	Vacant Beds per Day	Vacancy by Shelter	Occupancy by Shelter
Providence	83	110	28	25%	75%
Bethel Women's Shelter*	24	30	6	19%	81%
A Woman's Place	10	11	1	10%	90%
Dolores Street-Santa Ana	26	28	2	9%	91%
Lark Inn Youth	37	40	3	8%	92%
Dolores Street-Santa Maria-Martha	54	58	4	7%	93%
Next Door	318	334	16	5%	95%
Hospitality House	29	30	1	3%	97%
Episcopal Sanctuary	196	200	4	2%	98%
MSC South	335	340	5	2%	98%
Total	**1,111**	**1,181**	**71**	**6%**	**94%**

Source: HSA Monthly Shelter Vacancy Reports

*Opened on November 23, 2015. These numbers include data beginning December 2015.

Vacancy rates could vary by shelter for a variety of reasons including location[2], size, and preferences of homeless individuals. For example, Providence Shelter in the Bayview neighborhood had the highest vacancy rate over the last three fiscal years, between 18 percent and 25 percent. In 2011, the Shelter Monitoring Committee discussed the issues clients faced in accessing Providence due to limited public transit services to the area in the evenings, suggesting high vacancy has been an issue for several years. In HSA's FY 2014-15 program monitoring reports, HSA acknowledged the high vacancy rate due to the location of the shelter, and reported they would continue to look at ways to increase occupancy at Providence in the future.

Family Emergency Shelter Vacancies

According to HSA, vacancy rates for family emergency shelters are not tracked because they always operate at full capacity.

Recommendation 4.1: The Department of Homelessness and Supportive Housing Director should identify why variation in vacancy rates exists among shelters, and identify strategies to increase occupancy at shelters with vacancies, given the high demand for emergency shelter.

Shelter Reservation Waitlists are Long with Lengthy Average Wait Times

To request an emergency shelter bed, individuals must create a profile in the CHANGES reservation system, which can be done at one of four reservation sites in the City. The waitlist operates on a first-come, first-served basis. Individuals cannot request a placement at a specific shelter, but they can list shelters where they do not want to be placed.

Single Adult Emergency Shelter Waitlist

As noted above, the City currently has a total of 1,203 adult emergency shelter beds available for 90-day reservations. The 311 Customer Service Center manages the waitlist for shelter beds through the City's shelter reservation database, CHANGES.

As shown in Table 4.8 below, the average monthly waitlist requests increased by 13 percent over the past two years from 624 requests in 2014 to 706 requests in 2015.

Table 4.8: Monthly Average of Unique Emergency Shelter Reservation Requests

	2014	2015	% Change
Average Monthly Waitlist Requests	624	706	13%

Source: 311 Shelter Reservation Waitlist Requests

[2] We did not receive occupancy data on the Pier 80 shelter for this report, but it should be noted that the new Pier 80 shelter has been criticized for its location and accessibility issues.

Preliminary data for the current year (January through March 2016) shows that the monthly average of reservation requests was 731, which is 4 percent higher than the 2015 average.

Currently, CHANGES does not track the year-over-year change of unique individuals requesting shelter. This information would allow the City to understand how many people requesting shelter have experienced recurring homelessness, and how many are newly homeless.

Average Wait Times for Shelter Beds

Individuals spend an average of 26 days on the 90-day emergency shelter bed reservation waitlist after they submit their reservation request. While individuals wait for a 90-day shelter bed, they can try to secure a one- or three-night placement.

The average waitlist time varies by shelter. For example, the average waitlist time for a placement at Providence is much shorter than all of the other shelters: eight days compared to between 27 and 31 days. The reasons for this variation are unknown, but could be related to Providence's location and accessibility, as discussed above.

Table 4.9: Average Number of Days on Waitlist Prior to Shelter Placement, 2014 to 2016 (Year-to-Date)

Shelter Location	Average # of Days on Waitlist
Providence	8
Sanctuary	27
Next Door	28
A Woman's Place	28
MSC South	29
Dolores Street - Santa Maria/Martha	29
Dolores Street – Santa Ana	29
Hospitality House	31
Average Among All Shelters	**26**

Source: 311 Shelter Adult Emergency Shelter Waitlist Dashboard (2/14/14 – 3/31/16)

One- to Three-Night Shelter Stays

One-night beds during weekdays, and three-night beds during weekends become available if individuals with a shelter bed reservation do not show up to their reservation by curfew. Once a bed is determined vacant for the night, it is released in CHANGES for a one- or three-night stay. Shelter reservations for one-night and weekend stays are taken in person only in the afternoons at the four shelter reservation sites.

CHANGES only offers a report regarding released beds on a specific single day. Therefore, HSA can only track this information over time by manually compiling and comparing daily reports. The ability to track beds released for one- and three-night stays would be useful for the City to understand any trends related to which shelters have the most one- and three-night availability over time and determine if there are underlying reasons, other

than personal preference, why clients do not show up for their reservation that could be remedied by the City.

During January through March 2016, on average between 3 and 5 percent of beds were released for one-night stays, as shown in Table 4.11 below. However, HSA cautions that the data cannot be extrapolated in a meaningful way due to monthly variation.

Table 4.10: Adult Shelter Beds Released or Available at 4:30pm, January – March 2016*

	January 2016	% of Total	**February 2016**	% of Total	**March 2016**	% of Total
Total shelter beds available per night	1,181	100%	1,181	100%	1,181	100%
Average number of beds released for 1- or 3-night stays	32	3%	47	4%	63	5%

Source: HSA

* Monday – Friday only, does not include holidays or weekends.

Notes: SF HOT Team beds, which are shelter beds reserved for individuals who accept services through the SF HOT Team's targeted outreach efforts, are included in this count, but they are not released as SF HOT Team does evening placements. It is not possible to track and report beds that were reserved and later released due to a client no-show. Beds are released in real time so they become available for one-night reservations. CHANGES does not track how many times a bed is reserved, released, and reserved again in a single day.

Shelter Reservations for CAAP Clients

As part of the 2004 Care not Cash initiative, individuals who enroll in CAAP are immediately able to secure a 45- to 60-day reservation in an emergency shelter bed if permanent supportive housing is not available, allowing them to bypass the lengthy waitlist process, discussed above. If a client is "presumed eligible" for CAAP, they are given a same-day reservation, and placed in a shelter bed once their CAAP eligibility is officially determined. CAAP currently has 355 allocated beds, or 30 percent of the 1,203 total beds within the single adult emergency shelter system.

A portion of an individual's CAAP benefit is automatically deducted to fund housing costs when housing is offered to a client, whether they accept or refuse it. Clients must attend monthly CAAP eligibility meetings to extend their shelter reservation and continue to receive their CAAP benefits. CAAP clients can renew their shelter reservations for as long as they remain eligible for CAAP and attend their monthly meetings.

Release of Vacant Beds for One-Night Placements

Shelter beds designated for CAAP clients that do not have a reservation by 4:30pm (Monday through Friday) are released for one-night reservations at that time. All reserved shelter beds, including CAAP beds, are released

if clients do not show up by curfew (or pre-arranged late-pass time), which varies by shelter.

For CAAP clients, if they do not show up for their reservation four times in a 30-day period, their reservation is canceled and released.

Family Emergency Shelter Waitlist

Compass Connecting Point is the centralized intake agency for families seeking emergency shelter, which is handled separately from the single adult waitlist through CHANGES. Families must complete an in-person intake process and submit all required documentation such as ID, birth certificate, and proof of homelessness before they are considered ready for placement.

- Families on the waitlist can be prioritized for placement in a shelter for a variety of reasons including: Medical or mental health condition
- Pregnancy
- Infant less than one month old
- Imminent removal of children by Child Protective Services
- Five months or longer on the waitlist

The average number of families on the emergency shelter waitlist is currently 192[3], down 20 percent from 241 in FY 2012-13. The number of families on the priority waitlist has remained between 42 and 48, or between 19 and 24 percent of the total waitlist, over this time period. Families on the priority waitlist for longer than five months remained steady, between 19 and 20 families, or approximately 10 percent of the total number of families on the waitlist.

Table 4.11: Family Emergency Shelter Waitlist and Priority List

Average Number of Families	**FY 12-13**	**FY 13-14**	**FY 14-15**	**FY 15-16 (July-May 4)**
On Waitlist	241	218	177	192
On Priority List	48	42	42	42
On Priority List 5+ mos.	N/A	19	20	19
Ready for Placement	N/A	95	75	85

Source: HSA

[3] Note that this number is significantly larger than the 33 unsheltered homeless families identified by the 2015 PIT count, as discussed above.

Homeless Adults on the Shelter Waitlist Do Not Always Claim Beds Once Available

Single homeless adults on the emergency shelter waitlist provide one primary method of communication: call, text, or email. People who choose to receive texts will receive them more regularly as they progress up the list.

If individuals do not provide primary contact information, they can check physical waitlists that are posted daily at emergency shelters, as well as online. They can also call 311 to check their place on the waitlist, or can ask staff at a CHANGES reservation site or shelter to check on their behalf.

Once individuals reach the top of the waitlist, they have ten days to claim their reservation. 311 staff will call an individual up to three times if they provided a phone number, in addition to texting them, to let them know their reservation is available.

Approximately one-third of individuals on the shelter reservation waitlist in 2014 did not provide primary contact information, and therefore may not have known when their reservation became available. This number has decreased over the past three years, as shown in Table 4.13 below.

Table 4.12: Available Contact Methods

	2014 Total	2015 Total	Jan – March 2016
Total Individuals on Waitlist	7,482	8,471	2,194
No Primary Contact Info Provided	2,457	2,464	521
Percent of Total	**33%**	**29%**	**24%**

Source: 311 Shelter Reservation Quarterly Summary

Over half of individuals who request a shelter reservation through 311 do not claim the shelter bed when they reach the top of the waitlist. The reasons why people do not claim their reservation are unknown, and could range from not knowing a reservation is available, to refusing to stay at the shelter offered to them due to personal preference.

Since 2014, both the number and percentage of total shelter seekers who do not claim their reservation has increased, as shown in Table 4.14 below.

Table 4.13: Total Annual Number of Shelter Reservations & Placements

Shelter Placement	2014	2015	Jan – March 2016
Unclaimed Reservation	4,015	4,871	1,490
Placed in Shelter	3,467	3,597	704
Total	7,482	8,468	2,194
Unclaimed Reservations as % of Total	**54%**	**58%**	**68%**

Source: 311 Shelter Reservation Waitlist Requests

The CHANGES system does not currently track the reasons why people do not claim their reservation. Tracking more data related to unclaimed reservations would be useful to the City in further understanding why so

many shelter reservations go unclaimed, as the City considers the need to expand shelter capacity.

> **Recommendation 4.2:** The Department of Homelessness and Supportive Housing Director, in collaboration with 311, should develop additional reports in CHANGES, including those specifically discussed in this section, to further understand who is on the CHANGES waitlist and the details about their shelter and financial needs.

The City is Expanding Emergency and Transitional Shelters, even though it Contradicts the 10-Year Plan's Policy to Phase Out Emergency and Transitional Shelters

In 2015, the City opened the Navigation Center in the Mission District, which is a center that provides 75 transitional shelter beds and intensive support services and case management to clients while they are connected to permanent housing. Navigation Center clients receive priority access to the City's permanent housing placements, unlike individuals in the City's other emergency shelters. Two more navigation centers located in the Mid-Market (Civic Center Hotel) and Dogpatch neighborhoods are currently in the planning phase, according to the Mayor's Office of HOPE, and legislation is pending before the Board of Supervisors that would add four more navigation centers in the next two years.

The additional shelter capacity created by these recent efforts can be seen in the table below.

Table 4.14: Current & Proposed Emergency and Transitional Shelter Beds

Emergency & Transitional Shelters	Low Range	High Range
Existing emergency shelter beds	1,203	1,203
1950 Mission St Navigation Center	75	75
Civic Center Hotel Navigation Center	93	93
Four additional navigation centers (50 to 100 people each)	200	400
Total proposed emergency and transitional beds	**1,571**	**1,771**

Source: HSA

As noted above, this expansion of emergency and transitional shelters contradicts the City's official policy of phasing out emergency and transitional shelters. As recommended in Section 1 of this report, the Director of the Department of Homeless and Supportive Housing should lead the City's efforts to update the 10-Year Plan with new strategies to address the housing needs of individuals who are using emergency shelter in the absence of available permanent housing exits.

Shelter Diversion Program as an Alternative to Emergency Shelter

Rather than expanding shelter capacity, the City could expand its shelter diversion program, which currently serves homeless women as part of the Homeless Prenatal Program. This program provides one-time rental assistance grants, 12- to 24-month rental subsidies and referrals to legal and case management services to pregnant women. According to the most recent HSA quarterly program monitoring report submitted on April 15, 2016, this program has provided financial assistance to 117 unique families since July 2015. 29 of 31 clients, or 93 percent, remained stably housed after assistance ended.

A shelter diversion program for single homeless adults and homeless families could offer resources such as rental or financial assistance, case management, connection to mainstream benefits, conflict mediation, legal assistance, subsidized employment, and housing search assistance, among others.

As identified in our best practices survey, Hennepin County, Minnesota created a shelter diversion program for families, which includes emergency assistance grants to cover first month's rent and security deposit, past due rent and utilities. Centralized intake staff screen clients for shelter alternatives including the previous night's location, family, friends, or transportation assistance to travel to a place to stay. In 2012, the Hennepin County successfully diverted 33 percent of its shelter requests (1,453 of 4,375 requests).

Recommendation 4.3: The Department of Homelessness and Supportive Housing Director should consider developing a shelter diversion program, including a screening assessment tool, and evaluate all individuals and families requesting an emergency shelter reservation for alternative programs and services.

5 Housing Placement Options and Processes

There is a very limited number of housing placement options currently available for the homeless population. Some housing placements require that clients meet certain eligibility thresholds; others are suitable to particular populations more than others. Currently, placements are made unsystematically and not necessarily according to an assessment of the highest level of vulnerability. As a result, the City is not optimizing existing placement options and risks wasting very limited resources. In addition, the current menu of housing placement options is heavily focused on permanent supportive housing. While this is an appropriate placement for many of the City's homeless, there are some homeless (particularly the younger population and newly homeless) that might be better served by alternatives such as Rapid Rehousing and rental assistance.

Limited Housing Placement Options Available

Facing an ongoing affordable housing crisis, the City's ability to move the homeless from the streets in to housing, in compliance with the "Housing First" policy, is significantly impaired. Based on the "Housing First" model, which seeks to reduce reliance on emergency shelters (discussed in Section 4), the City has invested in permanent supportive housing over the past ten years. As the table below shows, the number of housing units provided by these housing programs for the homeless has increased by 9 percent over the past 3 years.

Table 5.1: Permanent Supportive Housing Units, FY 2012-13 to FY 2014-15

Housing Type	Funding Source	FY 12-13	FY 13-14	FY 14-15
DPH Direct Access to Housing	General Fund	1,520	1,640	1,658
HSA Master Lease	General Fund	2,449	2,525	2,525
HSA LOSP[1]	General Fund	430	485	610
Subtotal General Fund PSH Units		*4,399*	*4,650*	*4,793*
HSA Shelter + Care	HUD	856	898	1,058
Total PSH Units (All Sources)		5,255	5,548	5,851

Sources: HSA and DPH

As shown above, HUD funds over 1,000 of the City's permanent supportive housing units.

While the City also invests in transitional housing, including stabilization rooms, the number of these units has declined over the past three years. The table below shows that City has lost over 30 percent of the total transitional units since FY 2012-13.

[1] Under the Local Operating Subsidy Program (LOSP), HSA contracts with non-profit organizations operating supportive housing and provides an annual General Fund operating subsidy.

Table 5.2: Transitional and Stabilization Housing Units, FY 2012-13 to FY 2014-15

Housing Type	Department	FY 12-13	FY 13-14	FY 14-15	% Change
Transitional Housing	HSA	256	248	228	-11%
Stabilization Rooms	DPH	261	282	124	-52%
Total		517	530	352	-32%

Sources: HSA and DPH

The City also administers the Homeward Bound program for homeless participants. Initiated in 2005, this program is designed to assist in reuniting homeless people living in San Francisco with family and friends offering ongoing support to end the cycle of homelessness. The service is based on client request. The table below shows the number of Homeward Bound clients over the past three years.

Table 5.3: Total Annual Homeward Bound Clients, FY 2012-13 to FY 2014-15

Fiscal Year	Client Count
FY 12-13	828
FY 13-14	805
FY 14-15	862

Source: HSA

In addition, the City provides prevention services (which include legal services and a limited amount of funding for rental assistance) for homeless families, pregnant women, and single adults, as shown below.

Table 5.4: Rental Assistance Programs, FY 2012-13 to FY 2014-15

Program Name	Program Type	FY 12-13	FY 13-14	FY 14-15
Hamilton First Avenues	Family Rental Subsidies	$1,754,928	$1,682,026	$1,660,598
Compass SF HOME	Family Rental Subsidies	1,300,744	1,417,936	1,609,467
Eviction Defense Collaborative	Prevention & Rental Assistance (Adults)	2,005,973	2,011,021	1,844,040
Catholic Charities	Prevention & Rental Assistance (Adults)	818,075	698,004	698,701
Compass Rental Assistance Program (RAP)	Prevention & Rental Assistance (Adults)	302,334	472,377	500,047
Homeless Prenatal Housing Assistance	Prevention & Rental Assistance (Adults)	733,241	806,277	814,278
Total		**$6,915,295**	**$7,087,641**	**$7,127,131**

Source: HSA

Although not a City department, the San Francisco Housing Authority has partnered with the City to give a preference to the homeless population for Public Housing vacancies, Housing Choice Vouchers, traditional Project-Based Vouchers, and Rental Assistance Demonstration (RAD) Project-Based Vouchers. The Housing Authority has established three primary categories of preference for the homeless population, and has assigned a corresponding number of preference points awarded when scoring applications, as shown below.

Table 5.5: Types of Preferences for Housing Authority Programs

Category of Preference	Points Awarded
Homeless in PSH or Shelters HSA/DPH Referral	7
Involuntary Displacement from SF Residence	5
Homeless in SF	5

Source: San Francisco Housing Authority

The first category above, "Homeless in PSH or Shelters", indicates homeless adults or families who are currently receiving housing plus supportive services, who HSA or DPH have identified as ready to transition out of a service environment. This "move up" preference is intended to assist the City in its efforts to align housing alternatives with service need, and represents a good example of the type of assessment and coordination recommended throughout this report.

According to the Housing Authority, in 2015, the agency housed 113 homeless households and 31 involuntarily displaced households.

Need to Ensure Eligible Clients Matched with Proper Housing Placement

Currently, there is no coordinated process for placing homeless clients in available housing options; existing processes differ by department and program. However, because programs have different eligibility criteria and clients have varying needs, the failure to coordinate placements may result in mismatched placements, potentially wasting valuable resources.

Human Services Agency

HSA's Housing Access Team is currently responsible for placing homeless recipients of General Assistance (known as County Adult Assistance Programs, or CAAP, in San Francisco) and Navigation Center residents in permanent supportive housing. HSA permanent supportive housing programs have a low threshold for placement. As noted throughout this report, HSA's permanent supportive housing programs do not require intake or verification of service history data, other than length of homelessness. Placement decisions are generally made based on a client's length of homelessness, use of shelter, and/or use of CAAP benefits rather than order on a waitlist or severity of need.

A recent study conducted by our office of the outcomes of adults placed in the City's permanent supportive housing programs found that many of

the homeless adults placed in both HSA and DPH supportive housing increased use of services, especially emergency/urgent care (primarily inpatient hospitalization) once they entered housing. Residents of HSA's Master Lease housing had higher usage of both medical and behavioral health services after placement in housing than before, indicating that these adults had underdiagnosed and undertreated behavioral health and/or medical conditions prior to their placement in permanent supportive housing. Some of these adults stabilized upon receiving medical and behavioral health treatment once in supportive housing, but some adults left their housing placement and continued to utilize a high level of urgent/emergency behavioral health and medical services.

Among the 883 single adults placed in Master Lease permanent supportive housing between FY 2010-11 and FY 2011-12, 348 adults (or 39 percent) had some increase in emergency/urgent care, homeless services and jail time. We cannot state whether the increase in emergency/urgent care, homeless services, or jail time were *caused* by leaving supportive housing as opposed to other factors, only that there is a relationship. For example, the adults leaving Master Lease housing may be more likely to have had undiagnosed or untreated medical, mental, or behavioral health conditions prior to placement in housing. The presence of these conditions could in turn have impacted the individual's ability to stabilize while housed. The current placement procedures for Master Lease housing do not prioritize clients based on medical vulnerability. The higher number of individuals leaving the Master Lease housing program who subsequently accessed emergency/urgent care, homeless services, or had jail time compared to other permanent supportive housing programs suggests that the City is allocating scarce permanent supportive housing resources to some clients for whom it is not a good fit.

Department of Public Health

Case managers on the Direct Access to Housing (DAH) Access Team use the service data in DPH's Coordinated Care Management System (CCMS) to verify a client's medical vulnerability to assess the appropriateness for placement in a DAH unit. The DAH Access Team also works to stabilize the highest need and most expensive homeless clients, as identified by CCMS as the top 1 percent of users of urgent/emergency, medical, mental health, and substance abuse services.

Incorporating Service Needs When Placing Homeless Clients in Housing

As discussed in Section 2 of this report, HSA's Housing Access Team is not currently included in DPH's treatment team, and does not have access to CCMS data. HSA housing programs do not currently require information about a client's medical vulnerability for placement, therefore, unlike the DAH Access Team, the Housing Access Team does not currently have a need to know about a client's protected health information under the

Health Insurance Portability and Accountability Act (HIPAA) Minimum Necessary Requirement[2].

Given the scarcity of resources for the homeless, and the urgency in addressing the crisis of homelessness in the City, it is critical that the City establish greater coordination for placing clients in the most appropriate housing resource for their needs.

Recommendation 5.1: The Department of Homelessness and Supportive Housing Director should work with the Department of Public Health to develop a system for assessing client vulnerability in order to place homeless clients in housing exits more systematically.

Need to Expand Existing Housing Options to Address Urgent Demand

As noted above, the City's investments to rental assistance reflect a fraction of the overall expenditures on housing placement options. However, according to a survey of best practices, rental subsidy programs—particularly those implemented as part of larger Rapid Re-Housing programs—have been widely acknowledged for their effectiveness in housing the homeless.

As part of the American Reinvestment and Recovery Act (ARRA) of 2009, HUD created the Homelessness Prevention and Rapid Re-Housing Program (HPRP), which was launched in communities across the country, including San Francisco. Designed as an intervention model to support the Housing First approach, HPRP sought to:

- Identify barriers to permanent housing
- Focus efforts of self-sustainability
- Respond quickly to reduce the period of homelessness
- Provide short-term assistance ("just enough") to enable clients to exit homelessness and avoid a return to the streets or shelter
- Ensure that long-term assistance, especially permanent supportive housing, is reserved for clients with the highest need

Core program components for HPRP included:

- Housing identification (to help troubleshoot barriers to access housing)
- Financial assistance (short-term or one-time)
    - Move-in costs
    - Security deposits
    - Rent assistance (typically up to six[3] months)

[2] 45 CFR 164.502(b), 164.514(d)

[3] In San Francisco, rental assistance was provided for up to 18 months

- Utility assistance (typically up to six months)

- Case management services

The ARRA-funded HPRP has been widely hailed as a success, and many jurisdictions across the country have invested local funds in sustaining the model and incorporating it into ongoing strategies to end homelessness.

San Francisco's HPRP Results

San Francisco received $8.75 million from HUD for HPRP, which expired in 2012, and results indicate that the program was effective. The vast majority (95 percent) of the assistance provided was categorized as "homelessness prevention", rather than "homeless assistance", which was disproportionately higher than the national breakdown, but the homeless assistance provided nonetheless produced positive outcomes.

A 2012 report produced for HSA shows the housing status of clients who entered HPRP homeless at the time of the program's end.

Table 5.6: Status of Homeless Clients Served by HPRP at End of Program

Housing Status at Program End	Heads of Household (Family)	Single Adults
Rental by Client, no subsidy	23	13
Rental by Client, with subsidy	15	3
Don't Know	16	8
Other	1	1
Emergency Shelter	0	2
Jail, Prison, or Juvenile Facility	1	0
Permanent Housing for Formerly Homeless	1	0
Staying with Family	2	0
Staying with Friends	1	2
Total Clients	**60**	**29**

Source: "Evaluation of San Francisco's Homeless Prevention and Rapid Re-Housing Program," August 2012

As shown above, 16 of the 29 (or 55 percent) single homeless adults and 38 of the 60 (or 63 percent) heads of household served through HPRP were still housed (with or without a subsidy) at the time of program end.

For some homeless clients in San Francisco, the Rapid Re-Housing model is a proven, successful housing alternative. Given the average benefit amounts paid for HPRP clients, shown below, it is also a cost-effective model.

Table 5.7: Average Benefit Amounts for HPRP Assistance

Average Amount of Benefits	Heads of Household (Family)	Single Adults
Rental Assistance	$3,393	$1,927
Security Deposit	1,915	805
Utility Deposit	407	349
Utility Payment	644	727

Source: "Evaluation of SF's HPRP," August 2012

While the costs above do not reflect case management and administrative costs, the overall cost of this intervention is significantly less per client than permanent supportive housing. And beyond its cost-effectiveness, short-term rental assistance is often the more appropriate solution for some clients.

As noted above, the City is currently launching two new pilot programs to provide rental subsidies to single adults and transitional age youth, in addition to its existing program for families. Funding for these programs is $804,000 for single adults and $1,262,583 for transitional age youth, with expected total client caseloads of 25 and 30, respectively.

Despite the proven effectiveness of rental assistance programs, the City has invested[4] far fewer resources for this type of assistance, relative to permanent supportive housing. Given the challenges that the City faces in expanding the stock of supportive housing, it is incumbent upon officials to explore additional and more cost-effective solutions for the homeless population, particularly since many homeless clients (particularly transitional age youth) would be better suited by short-term assistance programs. The availability of suitable units for clients in a short-term rental assistance program will present a challenge, but one that the City can work to overcome, as demonstrated by the successful HPRP results. Landlord outreach and regional coordination have proven effective in other jurisdictions, and City partners such as the SF Housing Authority could offer insight into solutions.

> Recommendation 5.2: The Department of Homelessness and Supportive Housing Director should work with the Mayor's Office to identify funds to expand the existing rental subsidy and Rapid Re-Housing programs in order to serve more clients, particularly single adults.

[4] It should be noted that the State launched a rental assistance program in 14-15 through CalWORKS, and the City provided additional funds in FY 2015-16, which is outside of the scope of this audit.

Conclusions

Despite significant financial investments, including new supportive housing units and strategies such as the Navigation Center, the size of the homeless population in San Francisco has not declined since 2011. In fact, the number of unsheltered homeless has increased over time. With the restructuring of homeless programs under a single department, the City has an opportunity now to re-evaluate the effectiveness of existing programs and identify opportunities for stronger coordination of services. The development of a clear policy for addressing the needs of the homeless population will be an essential first step in this process.

Costs and Savings

While most of the recommendations in this report would not require additional spending, as the tasks fall within existing job duties, five recommendations could require new resources. Given the urgency of the homeless situation, we believe that the City look closely at the proposed budget for the new Department of Homelessness and Supportive Housing, which is over $200 million, to identify ways to increase resources for these urgent solutions.

- Recommendation 1.2: A comprehensive needs assessment for homeless services could be managed by a planning or analytical position, either a Program Analyst or a Senior Administrative Analyst, at the new Department of Homelessness and Supportive Housing.
- Recommendation 2.2: A staffing analysis at DPH, and hiring new positions to support the CCMS team, will require resources but the department has sufficient salary savings and long-term vacancies to support this.
- Recommendation 4.2: Expanding the reporting capacity of CHANGES would require the support of HSA IT staff, in collaboration with 311. We estimate that it could cost approximately 140 hours of staff time for an IS Programmer (1063) at each of those departments to complete this task, as well as 40 hours for a Principal Programmer Analyst (1064) to supervise and review, for a total estimated cost of $16,392.
- Recommendation 4.3: Based on Shelter Diversion Program models in other cities, we estimate that creating a shelter diversion program for homeless individuals and families in San Francisco would require 4 dedicated case managers.
- Recommendation 5.2: Additional funding for rental subsidies, particularly single adults, will be a cost to the City. Given the urgency of the homeless situation, we believe that the City look closely at the proposed budget for the new Department of Homelessness and Supportive Housing, which is over $200 million, to identify ways to increase resources for rental assistance.

Attachments: Department Responses

City and County of San Francisco

Edwin M. Lee, Mayor

Human Services Agency
Department of Human Services
Department of Aging and Adult Services

Trent Rhorer, Executive Director

June 6, 2016

TO: Severin Campbell
San Francisco Board of Supervisors
Budget and Legislative Analyst

FROM: Trent Rhorer, Executive Director
Human Services Agency

SUBJECT: Performance Audit of Homeless Services in San Francisco

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As the City Department that currently administers the majority of the City's housing and homeless programs and services, the San Francisco Human Services Agency (HSA) appreciates the work of the Budget and Legislative Analyst in conducting the Performance Audit of Homeless Services in San Francisco and welcomes the opportunity to comment on the audit report. The recommendations listed in your report will provide the City with a solid foundation as we operationalize the new Department of Homelessness & Supportive Housing. However, these recommendations should be understood within the context of the City's current homeless service delivery system, which the report does not describe in detail.

HSA currently invests over $137 million on housing and services for the homeless, representing an increase of over 35 percent compared to three years ago, and an increase of over 1,000 percent since FY 2000-01 when HSA's Housing and Homeless Division's budget was a mere $12.9 million. San Francisco was the first major city to fully embrace the concept of "housing first"[1] through HSA's Master Lease Program and Department of Public Health's Direct Access to Housing (DAH) Program, both of which were implemented prior to year 2000. Since 2000, HSA has added over 4,000 units to its supportive housing portfolio and has placed almost 8,700 families and individuals into this housing since 2004. Additionally, HSA's Homeward Bound Program has reunited about 10,000 homeless persons with their friends and/or families over this same period. These (and other) efforts have resulted in a significant decline of chronically homeless[2] individuals and families in San Francisco - from 62% of the homeless population in 2004 to 25% in 2015. HSA also implemented the nationally recognized Care Not Cash initiative, which reformed the City's County Adult Assistance Program (CAAP) by redirecting City General Funds from cash aid

[1] "Housing First" programs provide people experiencing homelessness with permanent housing as quickly as possible without preconditions – and then provides voluntary supportive services as needed. They are a widely accepted best practice championed by the Department of Housing and Urban Development (HUD).

[2] HUD defines someone as "chronically homeless" if they have experienced homelessness for a year or longer, or experienced at least four episodes of homelessness in the last three years, and also has a condition that prevents them from maintaining work or housing.

to supportive housing, creating over 1,300 units and placing over 4,700 individuals since 2004. HSA has also led the way in developing homeless programs for other vulnerable or underserved populations, such as veterans, transition age youth, seniors, the disabled, and members of the LBGTQ community.

Beginning in FY16-17, San Francisco's core housing and homeless programs will be administered by the new Department on Homelessness & Supportive Housing. HSA looks forward to working closely with the new department during the transition period and beyond to ensure these vital programs continue to operate effectively and efficiently. To be sure, HSA will continue to serve a significant number of homeless and formerly homeless families and individuals through its array of programs. This population will continue to benefit from cash assistance and employment services programs (through CAAP and CalWORKs), food assistance (through CalFresh), healthcare coverage (through Medi-Cal), programs for seniors and persons with disabilities (through DAAS) and programs for transition age youth aging out of the Foster Care system. These programs and services will continue to play a critical role in helping to stabilize some of San Francisco's most vulnerable citizens and help them to avoid or exit homelessness.

HSA largely agrees with the recommendations in this audit. Enclosed are HSA's responses to the individual recommendations of the Budget and Legislative Analyst.

Recommendation		Response (Agree/ Disagree)	Human Services Agency Comments
1.1	The Director of the Department of Homelessness and Supportive Housing should lead the City's efforts to update its 2004 10-Year Plan to Abolish Homelessness, which expired in 2014.	Agree	HSA conducted bi-annual homeless counts and surveys and made use of various policy documents for strategic planning, including the 2004 10-Year Plan to Abolish Homelessness, which focused on "chronic homelessness". An anniversary report was issued in 2014 to measure what had been accomplished over the preceding ten years with respect to the plan. A new primary planning and policy document focused on homeless and supportive housing programs would be useful and it would make sense to tie it the needs assessment recommended below.
1.2	The Department of Homelessness and Supportive Housing Director should mandate and regularly conduct a formal and replicable citywide comprehensive needs assessment for homeless services, including a service gap analysis.	Agree	HSA agrees a homeless needs assessment would be a worthwhile effort but suggests no less than a three year cycle, similar to what exists for the San Francisco Department of Children Youth and Their Families and the Department of Aging and Adult Services. Comprehensive needs assessments consume a tremendous amount of time and staff resources to complete. Recommendations following from a needs assessment then take time to implement and eventual outcomes need to be assessed. There are also special challenges in identifying and assessing the needs of homeless persons and families, especially those in transient situations. For these reasons, HSA believes that a homeless needs assessment should be conducted no more than every three years.
1.3	The Department of Homelessness and Supportive Housing Director should ensure that staff and programs use all available data across departments, particularly CCMS, to understand service utilization by homeless individuals.	Agree	HSA has undertaken a process to implement a new, more robust Homeless Management Information System (HMIS), which should aid in implementing this recommendation. HSA also supports additional analyses and data sharing with respect to the Department of Public Health (DPH) Coordinated Case Management System (CCMS), as allowable by law. CCMS integrates data on persons who are primarily homeless from multiple systems within and outside of DPH.

Recommendation		Response (Agree/ Disagree)	Human Services Agency Comments
2.1	The Department of Homelessness and Supportive Housing Director should incorporate the recommendations of recent data consultants (UC Berkeley and Focus Strategies) into the contract with the selected HMIS provider, in order to provide more detailed specifications for database integration, Coordinated Entry, and analytical capabilities of the new HMIS.	Agree	The planned contracting process for the new HMIS system is compatible with the recommended Coordinated Entry System (CES) protocol to be delivered by Focus Strategies, including a robust system able to integrate data. The UC Berkeley student report will help inform the project of integrating systems and data when the new HMIS system is deployed to support the goals of the CES. Some of the recommendations in the student report require further consideration (e.g., replacing the current shelter reservation system with HMIS). The timeline outlined in Exhibit 2.1 ensures that the HMIS system and CES are delivered as soon as reasonable without delaying one project while focusing on the other.
2.2	The DPH Executive Director should direct staff to conduct a staffing analysis for the CCMS team and identify existing hiring capacity from salary savings and long-term vacancies within the department.	N/A	DPH-specific recommendation.
2.3	The San Francisco Continuum of Care should re-evaluate the consideration of severity of service need for determining prioritization for supportive housing placement under Coordinated Entry, given the availability of relevant existing client information.	Agree with qualifications	Federal mandate requires Continuum of Care (CoC) supportive housing (a sub-set of all HSA supportive housing) employ a single Coordinated Entry prioritization system. In San Francisco, CoC prioritization is based on length of homelessness. The CoC Local Homeless Coordinating Board made this decision, in part, to complement the focus on medical vulnerability used by the DPH DAH sites. Both medical service use and length of homelessness indicate need for permanent supportive housing. The prioritization system for homeless families, homeless youth and other housing not included in the CoC Coordinated Entry System has not yet been determined. HSA agrees that input from this audit should be considered when crafting new or reevaluating existing prioritization policies.

Recommendation		Response (Agree/ Disagree)	Human Services Agency Comments
3.1	The Department of Homelessness and Supportive Housing Director should review the effectiveness of the current response and outreach model, and consider the appropriateness of recommending amendments to quality-of-life laws in an effort to prioritize response to homeless-related calls by the HOT Team rather than SFPD.	N/A	Not related to current HSA activities.
4.1	The Department of Homelessness and Supportive Housing Director should identify why variation in vacancy rates exists among shelters, and identify strategies to increase occupancy at shelters with vacancies, given the high demand for emergency shelter.	Agree	HSA currently tracks shelter vacancy on a daily basis and performs periodic detailed analyses. HSA implemented some adjustments in early 2016 to promote the highest possible occupancy rate going forward. For example, HSA now releases unclaimed beds earlier (to give more time for others to backfill) and HSA now strictly enforces reservation policies to ensure inactive reservations are not taking up beds.
4.2	The Department of Homelessness and Supportive Housing Director, in collaboration with 311, should develop additional reports in CHANGES, including those specifically discussed in this section, to further understand who is on the CHANGES waitlist and the details about their shelter and financial needs.	Agree with qualifications	This is not as simple as creating a new report in the CHANGES system, since all of the relevant data is not currently stored in that system. CHANGES is the single adult shelter reservation system in San Francisco, but it does not contain the actual waitlist for shelter. Also, single adult emergency shelter is a "low threshold" program and clients are not required to verify or provide details about their identity or circumstances.
4.3	The Department of Homelessness and Supportive Housing Director should consider developing a shelter diversion program, including a screening assessment tool, and evaluate all individuals and families requesting an emergency shelter reservation for alternative programs and services.	Agree	Some shelter diversion is currently taking place for homeless families. Developing more comprehensive and strategic shelter diversion processes is planned as part of the Coordinated Entry System for homeless families currently under development. HSA supports extending some form of shelter diversion to homeless populations beyond families.

Recommendation		Response (Agree/ Disagree)	Human Services Agency Comments
5.1	The Department of Homelessness and Supportive Housing Director should work with the Department of Public Health to develop a system for assessing client vulnerability in order to place homeless clients in housing exits more systematically.	Agree with qualifications	HSA supports a "housing first" approach, and also agrees with the idea of more data sharing, including greater access to DPH CCMS data, as allowed by law. The audit report references "negative exits" from Master Lease housing based on a previous BLA analysis (see page 5-4). HSA would like to make clear that reasons for housing exits were not part of that analysis. Therefore, while the report points to the need for further study, there is not enough information to conclude that current placement practices for Master Lease Housing are problematic. It will be up to the new Department on Homelessness & Supportive Housing to evaluate whether placement policies across permanent supportive housing programs should remain different in order to complement each other or would benefit from greater standardization.
5.2	The Department of Homelessness and Supportive Housing Director should work with the Mayor's Office to identify funds to expand the existing rental subsidy and Rapid Re-Housing programs in order to serve more clients, particularly single adults.	Agree	HSA has significantly expanded investment in Rapid Re-Housing and rental subsidies over the last several years. HSA secured General Funds to "backfill" the federal time-limited Homeless Prevention and Rapid Re-Housing Program (HPRP) funds. In recent years, the State for the first time offered CalWORKs funds for Rapid Re-Housing and other homeless assistance for families on CalWORKs and HSA secured a significant share of these State funds to assist homeless families in San Francisco. It recently further expanded the General Fund commitment to family subsidies. HSA also added subsidy programs specifically for single adults, seniors and persons with disabilities, and for transition age youth. Current funding for HSA managed rental assistance programs is over $16 million (an amount that has roughly doubled compared to three years ago).

City and County of San Francisco
Edwin M. Lee
Mayor

San Francisco Department of Public Health
Barbara A. Garcia, MPA
Director of Health

June 6, 2016

Severin Campbell
San Francisco Board of Supervisors
Budget and Legislative Analyst's Office

Re: Professional Services Contracts Audit

The Department of Public Health (DPH) appreciates the efforts of the Budget and Legislative Analyst's effort in conducting the Performance Audit of the Homeless Services in San Francisco. Given the range and complexity of our homeless programs, as well as, the services we provide that serve the homeless, we recognize that this audit was no easy task. We have reviewed and agree with the analysis and recommendations of the report.

Specifically, we are also in agreement with recommendation 2.2 which states: "The DPH Executive Director should direct staff to conduct a staffing analysis for the CCMS team and identify existing hiring capacity from salary savings and long-term vacancies within the department." We are currently developing a staffing model with DPH IT and administration for resources that will assist us in improving the scope and depth of available information, increasing reports, and accessibility and operability of CCMS. Our Whole Person Care proposal and grant-writing will focus on increasing the infrastructure to support CCMS in its current and improved functionality for use by DPH and the Department of Homeless and Supportive Housing.

We look forward to continued coordination with the new Department of Homeless and Supportive Housing, the Human Services Agency and other city departments to improve the services for this very important population.

Respectfully,

Barbara A. Garcia
Director of Health